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Your Emergency Call Plan

TACE®

new approach offers distinctive advantages in treating the menopause



Exclusive storage action of TACE gives smoother relief for your menopausal patients

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February 1954

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Panorama

Admiral Boone slaps the A.M.A. • More color barriers crumble • Ewing men switch to new posts • Calls on G.P.s to teach in hospitals • Another G.I. dividend • Doctors test antidote for closed-panel plans

July in February

The time to think about air-conditioning your office is now—when it's cold outside. At any rate, that's the advice of appliance dealers, who are evidently eager to unload the units they overstocked last summer. They're so eager, in fact, that you'll probably find prices reduced as much as 25 per cent on standard models. Incidentally, there's little reason to hold off buying in the hope of finding some startlingly improved type of conditioner on the market this spring. Manufacturers aren't contemplating any radical changes in the near future.

Loyalty Oaths for M.D.s

In the belief that communism and medical ethics are incompatible, Los Angeles doctors have voted to require each applicant for membership in their medical society to sign a statement that "I do not belong and have not belonged to any organization advocating the overthrow [of the U.S. Government] by violence . . . "

One as-yet-unresolved problem: "We haven't determined how to ferret out any possible disloyalty among the more than 5,000 doctors who *already* hold membership in the association," says a spokesman for the doctors. So far, he explains, the oath is a "must" only for new members.

Doctor Draft Cure?

"I abhor the idea" of a doctor draft, says Rear Admiral Lamont Pugh, the Navy's medical chief. But he adds, somewhat paradoxically, that he favors a "fuller measure of care to service dependents," even if such a program will entail the recruiting of more medical officers.

How could the armed forces find enough doctors to handle expanded dependent care, as well as regular military medicine, without resorting to a draft? Admiral Pugh's suggestion (which has been under careful study as an eventual substitute for

the doctor draft): "A selected group" of young men would attend medical school under Government scholarships; then they'd pay off their debts by serving as medical officers.

Boone Backs Veterans

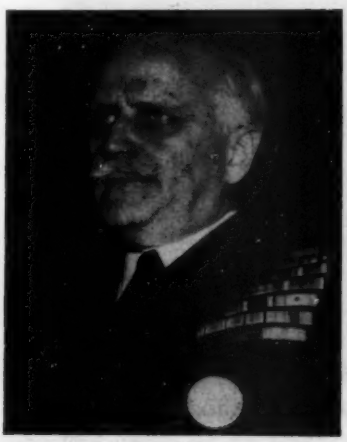
Long silent in the doctor-veteran tussle over the shape of Veterans Administration medicine, Vice Admiral Joel T. Boone, the V.A. medical head, has now spoken out in support of the veterans.

"I'm proud to be a member of the A.M.A." says the admiral. "[But] I would be unworthy of my degree of Doctor of Medicine if I did not have the courage to stand up and declare [members] of my profession wrong in this issue."

So saying, he charges that there has been a "bombardment from guns of pea-shooter caliber manned by supposed intellects of proportionate dimensions." And he goes on to pledge unceasing opposition to "those who seek to weaken, disrupt, or destroy the incomparably large and effective" veterans' medical program.

As evidence that the V.A. isn't "an insidious and growing menace [bent on] engulfing civilian medical practice," Boone points to the fact that the Government has no plans to enlarge the V.A. program once it





TOUGH-TALKING ADMIRALS Lamont Pugh (left) and Joel T. Boone have fired salvos at the A.M.A.'s position on care of military dependents and veterans.

has reached its projected 174-hospital goal. His conclusion:

The best "bulwark against socialism" can be built by "private and Governmental medical elements working together as a team, as they do in the Veterans Administration."

Color Barriers Going

Evidence piles up that the status of Negro doctors is constantly improving. Among the most recent signs of the time:

¶ Through a change in its by-laws, Kentucky's Jefferson County (Louisville) Medical Society has opened its gates to qualified Negro practitioners.



SECOND NEGRO named to head a county medical society, John Edward Lowry urges equal rights for all ethical physicians.

¶ Simultaneously, two Negro physicians have been named to the staff of the heretofore all-white faculty of the University of Louisville medical school.

¶ And hard on the heels of the selection of Dr. Peter Marshall Murray as the new president of the New York County medical society, the neighboring Medical Society of the County of Queens has chosen a Negro leader for 1955—Dr. John Edward Lowry.

Discussing this string of developments, Dr. Lowry says he hopes they'll have the effect of helping other Negro doctors achieve membership in county societies and the A.M.A. "This is the only way the Negro in medicine can improve himself," he adds; "ethical doctors everywhere should get equal recognition from their colleagues, regardless of race, creed, or color."

New Jobs for Ewing Men

A year ago, you might have expected that the two men most likely to leave the Government hard on the heels of Oscar Ewing were those ardent champions of compulsory health insurance, I. S. Falk and Wilbur J. Cohen. Yet, as late as the first of this year, Falk hung on to his post as research director of Social Security, and Cohen remained as technical adviser to the Social Security Commissioner.

Now, at last, both men have left their old posts—but in what amounts

to a surprising job shuffle. Falk has gone over to the World Bank as a roving researcher with an assignment in the Orient. Cohen remains in the Department of Health, Education, and Welfare; but his new position is Falk's old one of research director.

Evidently happy about the whole thing, Cohen has announced that there's "no reason to believe I'll be leaving any time soon."

Tax Hint

Indications are that you needn't beware the Ides of March if you're careful about the Federal income tax deductions you claim. One point to watch out for, according to current interpretations of the law:

In deducting for entertainment, better make sure you don't take credit for normal amounts you spent on yourself. (If, for example, you took two colleagues to eat and $5 of the $15 went for your own dinner, you can generally deduct only $10. But if you can show that you usually spend just $3 for dinner, you can take off the extra $2.)

Challenge to Industry

Again prodding business to ante up more cash for U.S. medical schools, Colby M. Chester, who heads the industry committee of the National Fund for Medical Education, has issued this warning: If business doesn't contribute generously, the unpleasant alternative will be for the schools "to accept Government subsidies in increasing amounts until they are Government controlled."

In the face of this danger, says Chester, industry's contribution has averaged only half a million dollars a year, or barely 5 per cent of the annual $10 million that the medical schools need and that the Fund seeks to raise. This is hardly a commendable showing, he indicates; and, he adds, "I think the American people are going to judge us and . . . the free enterprise system on how we respond to the schools' appeal for help."

G.I. Dividend Coming

Small bonanza in the offing: Doctor-veterans can expect another G.I. insurance dividend from Uncle Sam this year. According to latest Government figures, the maximum payment will be $60 (for veterans who have hung on to their full $10,000 policies).

D.O.s Clinch Case

Mark down West Virginia as one more in the lengthening list of states where osteopaths have won their battle for recognition.

After a hectic series of court skirmishes last year, the D.O.s were pronounced legally fit to treat "any human ailments or infirmities by any method as physicians and surgeons may do." The West Virginia

State Medical Association immediately asked for a rehearing. But the state's Supreme Court of Appeals has now rejected the association's petition—thus evidently nailing down the osteopaths' victory.

Warns Insurance Firms

The Government may soon crack down on certain mail-order insurance companies that allegedly adopt shady practices in advertising their health and accident policies. The Federal Trade Commission, which is investigating the situation, plans a hard-hitting battle against firms found to be making "false and misleading representations" about their benefits. They may even be denied use of the mails, warns the F.T.C. chairman, Edward F. Howrey.

Big Aid to Education

A $15 million slice of Mellon foundation money has been presented to the University of Pittsburgh School of Medicine. Aim of this largest gift in the college's history: to help it round up a full-time faculty that will concentrate on turning out G.P.s.

G.P.s As Teachers?

Can the average general practitioner help local hospitals attract more internes? Yes, says Dr. Harry A. Towsley of the University of Michigan Medical School. And he urges G.P.s to volunteer their services as teachers in the hospitals on the ground that internes are more likely to be drawn to a hospital by the promise of high-level training than by high pay.

In his own state, says Dr. Towsley, almost two interneships in five now go unfilled. So, he told a recent meeting of Michigan family doctors, "We've all got to pitch in . . . I hope you will sacrifice some of your time to do some teaching. Unless we increase the number of [internes] we are going to be in an awful mess."

Antidote for Panels?

How can Blue Shield best counteract the appeal of such closed-panel health plans as Kaiser-Permanente? One possible answer: The doctors' plans can modify—or even do away with—the provision that allows M.D.s to add a surcharge to the regular fee-schedule rate if a patient's income exceeds a certain figure.

California M.D.s are apparently moving in this direction. Till lately, the unlimited-coverage ceiling for head-of-the-family subscribers to the California Physicians' Service has been $4,200. But two recent developments may presage a state-wide change:

1. In San Pedro negotiations involving 1,000 food workers, 250 physicians have agreed to stick to the C.P.S. fee schedule, regardless of the workers' income level. (A doctor-negotiator frankly acknowl-

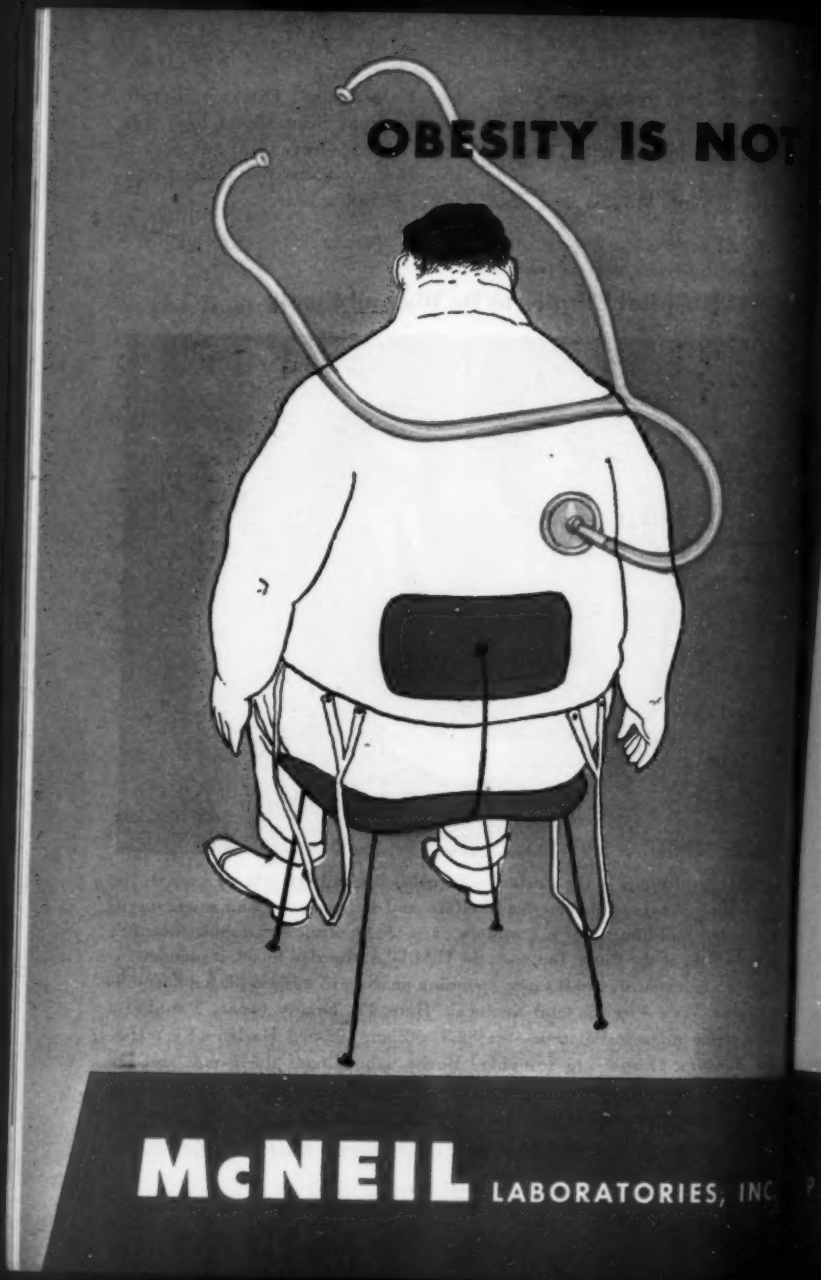
edges that C.P.S. took its stand "because the union was within a pen's scratch of signing up with" Kaiser-Permanente.)

2. In the Santa Monica area, doctors have assured Douglas aircraft workers that Blue Shield fees will fully cover their charges, even though the workers' pay scales range up to $6,000 a year.

Miners' Hospital Empire to Be Big and Costly



If existing institutions in the Eastern soft-coal belt had been less mercenary, the United Mine Workers of America Welfare and Retirement Fund might never have started building its own hospitals, says Dr. Warren F. Draper, executive medical officer of the Fund. But once the U.M.W.A. decided to act, it planned expensively and expansively. It's now spending nearly $15 million on ten hospitals in Virginia, West Virginia, and Kentucky. Here, Dr. Draper (*center*) studies a model of the prize installation—the $2.5 million, 192-bed Harlan (Ky.) Hospital. Flanking Draper are Josephine Roche, who directs the Fund, and Dr. Frederick D. Mott, medical administrator of the hospital network, which may be in full operation within two years. Picture on the left is of union president John L. Lewis, attired in miner's garb.


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1. Armstrong, D. B., Dublin, L. I., Wheatley, G. M. and Marks, H. H.: Obesity and its Relation to Health and Disease, J.A.M.A. *147*:1007 (Nov. 10) 1951.

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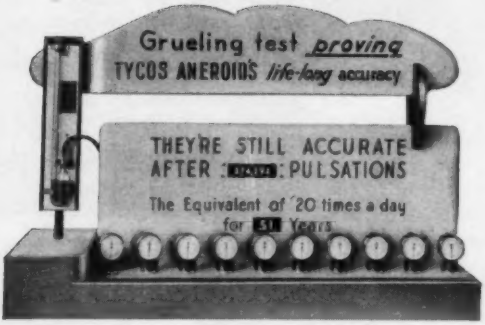
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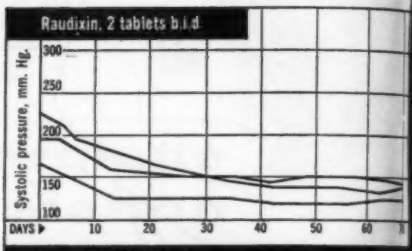
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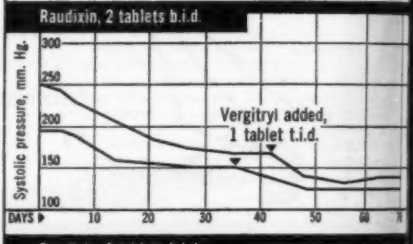
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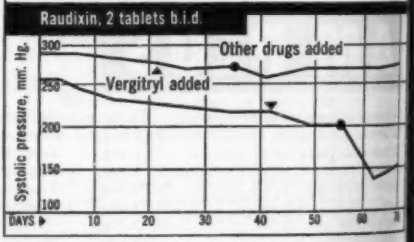
step 2

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Sidelights

A suggestion for paring prepayment costs • Medical care for G.I. dependents • Convention faces • One more reason for good public relations

Paring Prepay Costs

A good many people are openly worried about the way health-insurance premiums are rising these days. In an article in these pages, for example, a West Coast insurance executive ventures the opinion that we've now reached the limit to the amount of money people will pay for health coverage.

If that's the case, adds Ralph J. Walker, it's largely the fault of doctors "who want to get the most for their patients" out of the health plans. Physicians who "unintentionally abuse" V.H.I., he maintains, "don't seem to realize that the only proper source of money with which to pay benefits is the *consumer's own pocket.*"

There's a special value, it seems to us, in hearing an insurance-company man talk that way about prepayment-plan abuses. Why? Because, though the doctor may be swamped by their claim forms, he sometimes tends to forget that the insurance companies are a vital part of the V.H.I. structure. In fact, more than half the people now covered by health insurance have their policies with private carriers.

Certainly, a physician has no more business to pad a claim against a private company than against Blue Shield. In either case, he's dipping into the public's pocket.

G.I. Dependents

Everybody agrees that servicemen's dependents—like everyone else—should have medical and hospital care when they need it. The big question is: *How* should such care be provided?

According to our news pages this month, the Defense Department stands behind the proposals of a special Government commission that made a three-month study of the subject last year. In brief, it recommends that:

(1) The armed forces should continue to utilize medical officers in treating servicemen's wives and children who live near military hospitals;

(2) Dependents who live at a distance from military installations should be "furnished with certifi-

cates which can be presented to a civilian hospital or doctor." The Government would pay the bulk of the bill for medical care—in much the same way, presumably, as it did during World War II.

This over-all idea seems to us to have at least two objectionable features. First, it would continue to saddle service doctors with much of the load. Moreover, if past experience is any criterion, it would give the Government a strong voice in the setting of medical fees.

During the war, you'll recall, payments under the Emergency Maternity and Infant Care program were made according to maximum-fee schedules set by the Government. Participating physicians had to agree not to make additional charges for services to military men's wives and children. Doctors' opposition to that program was so strong that, rather than accept the Government payments, one medical society offered to provide free treatment for dependents.

It would be a big mistake, in our opinion, to try to resurrect the unsatisfactory wartime set-up. A better solution might be found in a law providing coverage to servicemen's dependents under Government-paid Blue Cross and Blue Shield policies.

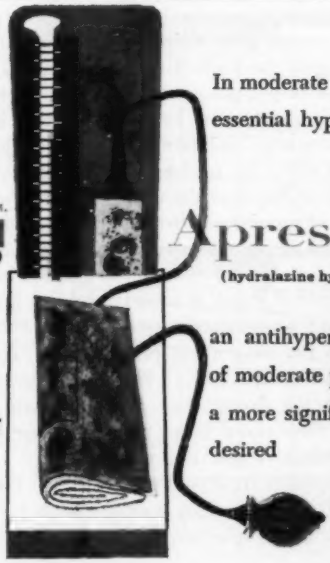
Such a law would shift the dependent-care burden from military to civilian M.D.s. It would also limit Uncle Sam to an indirect role in the program: He'd be in the nature of

Especially in mild, labile essential hypertension . . .

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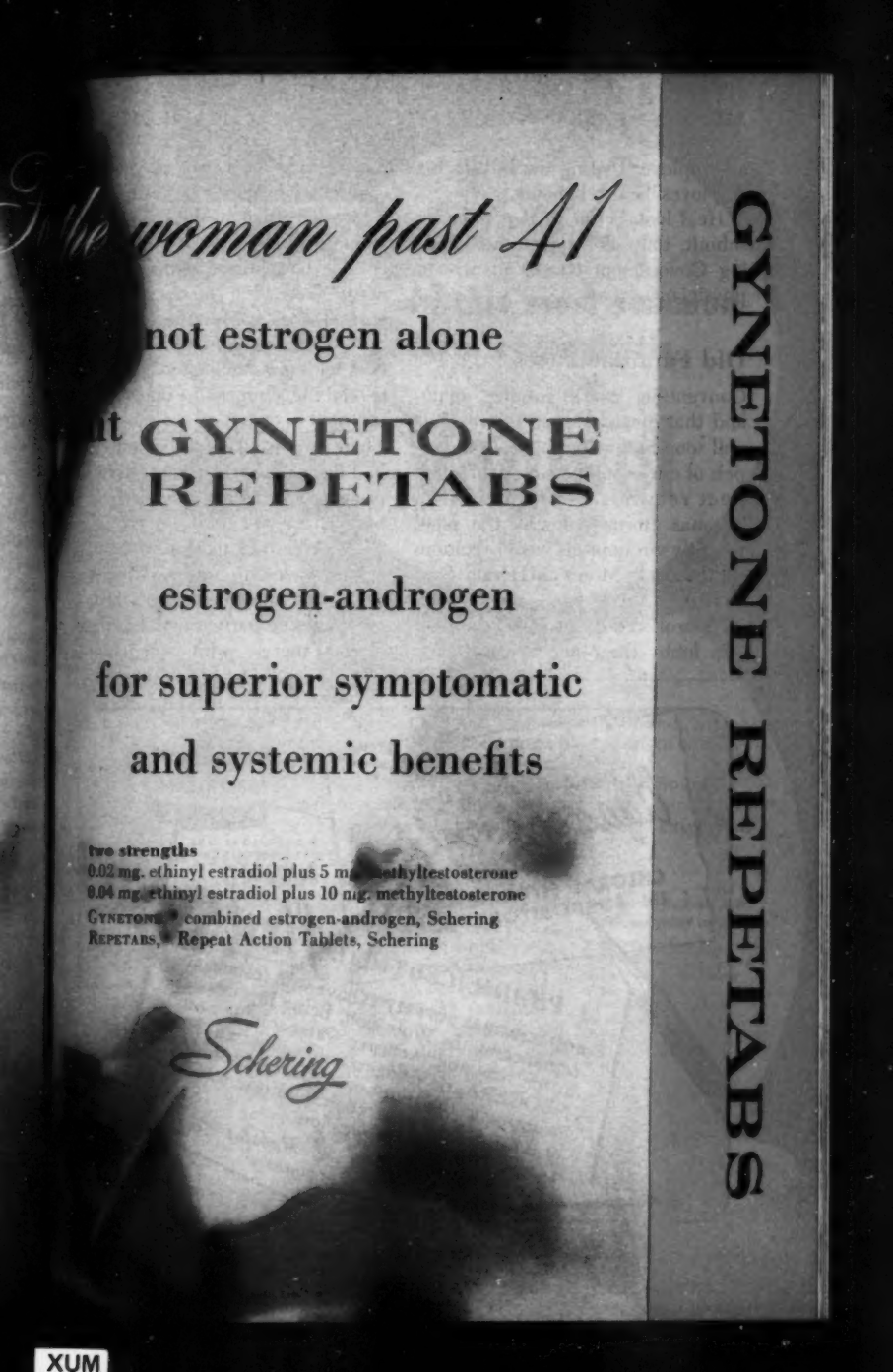
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an employer footing the bill for his employes' health benefits.

He'd look better in that role, we submit, than as a paymaster handing Government checks to private physicians.

Old Familiar Faces

Convention time's coming again, and that means a good many of us will soon be putting holes in the lapels of our best blue suits. The prospect reminds us of something Thomas Hornsby Ferril, the poet, recently wrote in his weekly column for the Rocky Mountain Herald. Said Ferril:

"I strolled through the Cosmopolitan lobby the other day watching the behavior of a mob of delega... Each man wore a tag, only slightly smaller than a skillet, with his name printed on it.

"I've worn these damned things myself and they do no good. You ease up to somebody and he eases up to you; then you both drop your eyes with maidenlike modesty to try to read the name on the opposite dele tag without getting caught at it. Then you say, 'Hello, Joe' and 'Hello, Bill' as if you'd both just been apprehended stealing pencils from a blind man.

"My solution to this problem is cheap, effective, and less dishonorable than the current practice. It eliminates embarrassment completely. You merely print your name in





In this most common form of Vaginitis

Vagisol

Prompt relief of symptoms (2.15 mean patient days) and complete cure, which can be demonstrated by culture of the vaginal secretions, are readily achieved with Vagisol in trichomonas vaginitis*, the most common form of vaginitis encountered. In nonspecific vaginitis, the potent antibacterial and antiparasitic actions of Vagisol are also advantageously employed.

A SIMPLE PLAN OF THERAPY

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Odorless and stainless, each Vagisol suppository contains:

Phenylmercuric Acetate	3.0 mg.
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Succinic Acid	12.5 mg.
Sodium Lauryl Sulfate	3.0 mg.
Papain	25.0 mg.
Lactose	0.75 Gm.

Supplied in bottles of 36

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*Shaw, H. N.; Henriksen, E.; Kessel, J. F.; and Thompson, C. F.: Clinical and Laboratory Evaluation of "Vagisol" in the Treatment of Trichomonas Vaginalis Vaginitis, Western J. of Surg., Obst. & Gynec. 60:563 (Nov.) 1952.

small letters on a tiny strip of masking tape and stick it between your eyebrows. This enables Joe and Bill to look each other squarely in the eye (I've checked it and the angle is negligible) and recall the good old days when they played shinny together in Ottumwa. . . ."

One More Reason

How many persons in your town have a family doctor? Judging from the results of a couple of Pennsylvania surveys, here's the answer: fewer than you probably realize.

A ten-month study completed in Philadelphia last year reveals that 639 of 1631 emergency calls during the period came from individuals who said they had no doctor—or, at least, no doctor in Philadelphia. And when Pittsburgh took a good look at the 179 calls its emergency service answered in a recent month, it found that people who claimed to be doctorless were responsible for 123 of them.

Obviously, as is pointed out in the discussion of emergency call programs that appears elsewhere in this issue, emergency callers aren't typical of the public at large. Most Pittsburgh and Philadelphia families probably do have a regular doctor. But there are plenty who don't.

And that's one more good reason for private medicine to keep up a high level of public relations and public education.



From Crib to Rocker...

SAFE, EASY LAXATION



with Zymenol and Zymelose

Enthusiastic praise from physicians attests to the effectiveness of Zymenol and Zymelose for bowel management in all age groups. Both products can help break the laxative habits of your patients.

Recommend Zymenol, the emulsion with brewers yeast:

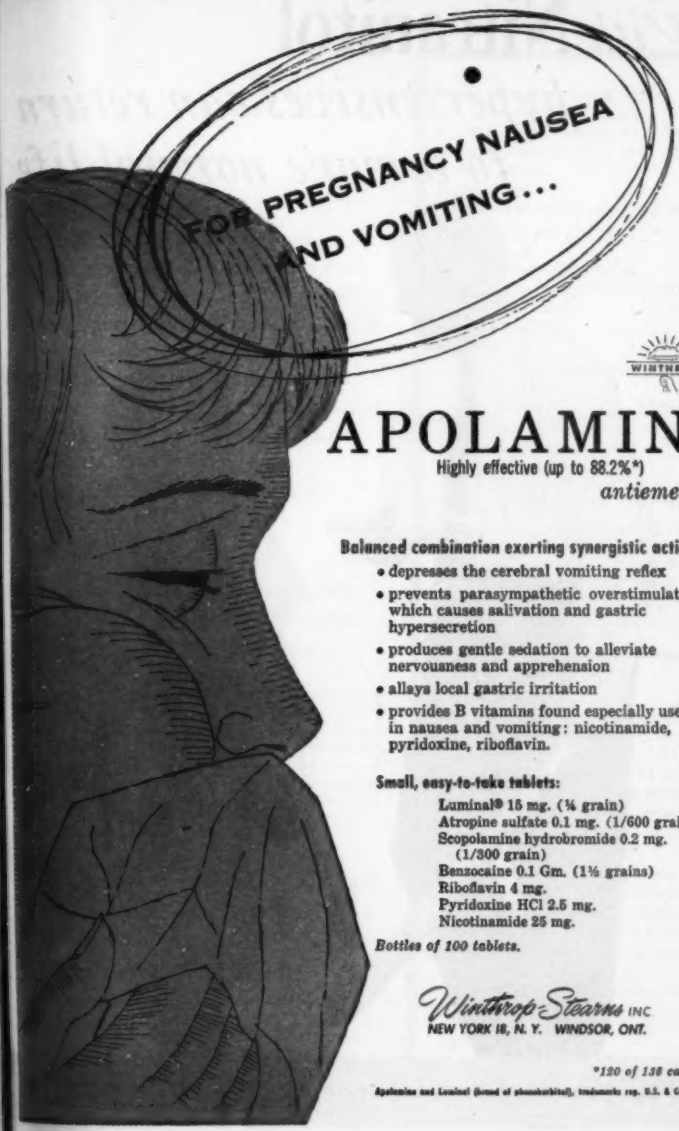
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- Bulk without bloating
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Balanced combination exerting synergistic action:

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- provides B vitamins found especially useful in nausea and vomiting: nicotinamide, pyridoxine, riboflavin.

Small, easy-to-take tablets:

Luminal® 15 mg. (¼ grain)
Atropine sulfate 0.1 mg. (1/600 grain)
Scopolamine hydrobromide 0.2 mg. (1/300 grain)
Benzocaine 0.1 Gm. (1½ grains)
Riboflavin 4 mg.
Pyridoxine HCl 2.5 mg.
Nicotinamide 25 mg.

Bottles of 100 tablets.

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hypertensives can return to a more normal life



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Restricted activity and frequent laboratory checkups are often a concern to the patient. You can return many hypertensives to a more normal life with Nitranitol. *Because of its low toxicity,* blood pressure is safely lowered—side effects are the exception rather than the expected. *Nitranitol acts directly* on the arterioles to produce gradual vasodilation. *It maintains lowered pressures* for prolonged periods.

Why not start your hypertensive patients on Nitranitol—the universally prescribed drug for essential hypertension?



This chart shows the blood pressure response you can produce for your hypertensive patients.

Nitranitol®

Merrell's safe, gradual, prolonged-acting vasodilator

Because of its direct action on the arterioles, Nitranitol provides SAFE, GRADUAL, PROLONGED vasodilation, now in 6 dosage forms.

Nitranitol
Mannitol hexanitrate **32 mg.**

Vasodilation plus sedation:
Nitranitol with Phenobarbital
Mannitol hexanitrate **32 mg.**
Phenobarbital.....**16 mg.**

Protection in capillary fragility:
Nitranitol with Phenobarbital and Rutin*
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Nitranitol P. V.*
with Alkavervir.....**1 mg.**
(A special alkaloidal fraction of Veratrum viride, biologically standardized for hypotensive activity.)

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...for direct vasodilation plus added hypotensive and sedative actions of RAUWOLFIA.
Mannitol hexanitrate.**32 mg.**
Rauwolfia serpentina.**0.5 mg.**

**Each contains Nitranitol 32 mg. and Phenobarbital 16 mg.*

DOSAGE: In blood pressures over 200 systolic, 2 tablets 4 times daily. In other cases, 1 or 2 tablets every 4 to 6 hours.

NOTE: *Nitranitol is exceptionally stable, assuring potency, so important in hypertensive medication.*

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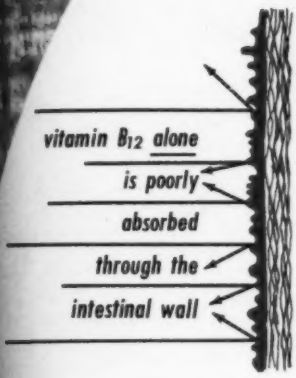
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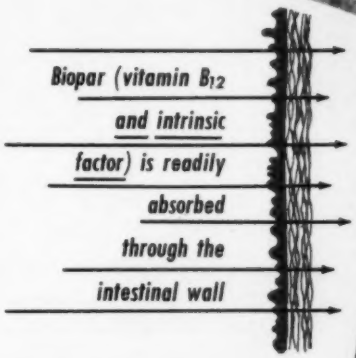
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oral vitamin B_{12} is therapeutically active





Each BIOPAR tablet contains:
Crystalline Vitamin B_{12} (U.S.P.)...6 mcg.
Intrinsic Factor.....30 mg.
Supplied in bottles of
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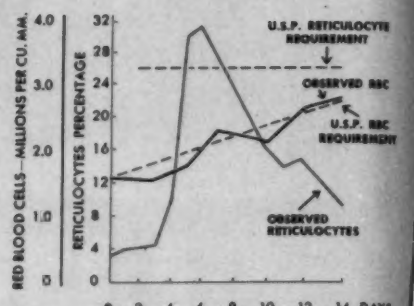
Biopar tablets contain a completely new intrinsic factor preparation which performs the functions ascribed to the Intrinsic Factor of Castle.

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vitamin B_{12} and intrinsic factor



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Biopar is an exceedingly useful oral replacement for injectable vitamin B_{12} therapy and is a powerful adjunct to high potency injections. A pronounced "tonic" effect is accredited to vitamin B_{12}.

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BIOPAR passes the crucial test of efficacy

... as shown by full reticulocyte and red blood cell response in pernicious anemia, as confirmed by fourteen independent investigators (personal communications).

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MEPHOSAL (capsules, tablets, elixir) combines the ... skeletal-muscle relaxant mephenesin *made freely* ... by the primary rheumatic analgesic, sodium salicyl... and thus *more readily available*. The result is *predict...* faster relief from pain and spasm in over 70% of rheu... patients as against 55% with salicylates alone, and unpredict... relief with comparatively insoluble mephenesin ...

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MEPHOSAL CAPSULES
Broad range, general rheumatic therapy



Each capsule contains:
Mephenesin . . . . . 250 mg.
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(does not contain homatropine methylbromide)
Dose: 1 or 2 capsules every 3 or 4 hours.

MEPHOSAL TABLETS
For rheumatic cases with associated g.i. disturbance



Each tablet contains:
Mephenesin . . . . . 125 mg.
Sodium Salicylate . . . . . 125 mg.
Homatropine Methylbromide . . . . 1.25 mg.
Dose: 2 or 3 tablets every 3 or 4 hours.

MEPHOSAL ELIXIR
For rheumatic cases with associated g.i. disturbance



Each teaspoonful (4 cc.) contains:
Mephenesin . . . . . 400 mg.
Sodium Salicylate . . . . . 400 mg.
Homatropine Methylbromide . . . . 2.5 mg.
Dose: 1 teaspoonful every 3 or 4 hours.

Special note: MEPHOSAL TABLETS and MEPHOSAL ELIXIR both contain homatropine methylbromide.

All dosage forms should be given preferably after meals or with a little milk.

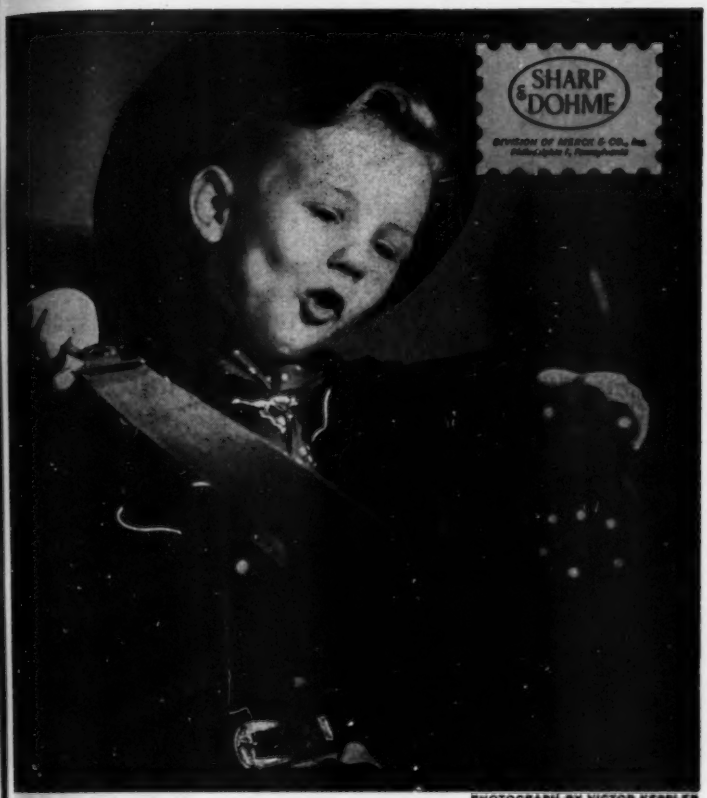
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in **extensive dermatitis, diaper rash, severe intertrigo, chafing, irritation** (due to diarrhea, urine, soaked diapers, etc.)



DESITIN OINTMENT achieved "significant amelioration" or practically normal skin in 96¾% of infants and children suffering intense edema, excoriation, blistering, maceration, fissuring, etc. of contact dermatitis. This and other recent studies recommend Desitin Ointment as "safe, harmless, soothing, relatively antibacterial"..... protective, drying and healing.[2-4]



Desitin Ointment is a non-irritant, non-sensitizing blend of high grade, crude Norwegian cod liver oil (with its high potency vitamins A and D, to benefit local metabolism) and unsaturated fatty acids in proper ratio for maximum efficacy), zinc oxide, talcum, petrolatum, and lanolin. Does not liquefy at body temperature and is not decomposed or washed away by secretions, exudate, urine or excrements. Dressings easily applied and painlessly removed. Tubes of 1 oz., 2 oz., 4 oz.; 1 lb. jars.

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1. Grayzel, H. G., Heimer, C. B., and Grayzel, R. W.: New York St. J. M. 53:2233, 1953.
2. Heimer, C. B., Grayzel, H. G., and Kramer, B.: Archives of Pediatrics 68:382, 1951.
3. Behrman, H. T., Combes, F. C., Bakroff, A., and Lowden, R.: Ind. Med. & Surgergy. 18:512, 1949.
4. Turell, R.: New York St. J. M. 50:2282, 1950.



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from the "difficult" first trimester



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the new smaller *prenatal capsules*

smaller size

easier to swallow

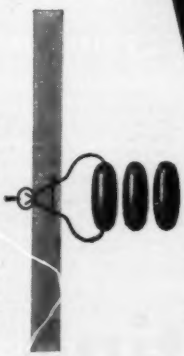
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only three capsules daily

Unlike ordinary prenatal capsules, Natalins can be prescribed with assurance of acceptance throughout pregnancy.

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Only 3 Natalins daily supply generously protective amounts of vitamins and minerals to supplement the pregnant patient's uncertain food intake.



The Natalins formula:	3 capsules daily supply:
Vitamin A	6000 units
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Ascorbic acid	100 mg.
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Riboflavin	4.5 mg.
Niacinamide	30 mg.
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Calcium pantothenate	3 mg.
Folic acid	1 mg.
Vitamin B_{12} (crystalline)	1 mcg.
Iron (from ferrous sulfate)	22 mg.
Purified veal bone ash to supply:	
Calcium	375 mg.
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Natalins also contain traces of copper, zinc, manganese, magnesium and fluorine.

All vitamins are in synthetic, hypoallergenic form.

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The tempting flavor of this delicious food bever adds zest to the bland diet. It is taken eag even by patients who dislike milk.

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Ovaltine is equally delicious served hot or cold.

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CHLORINE	900 mg.	MANGANESE	
COBALT	0.006 mg.	*PHOSPHORUS	
*COPPER	0.7 mg.	POTASSIUM	
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*IRON	12 mg.		

VITAMINS

*ASCORBIC ACID	37.0 mg.	PYRIDOXINE	
BIOTIN	0.03 mg.	*RIBOFLAVIN	
CHOLINE	200 mg.	*THIAMINE	1
FOLIC ACID	0.05 mg.	*VITAMIN A	
*NIACIN	6.7 mg.	VITAMIN B_{12}	
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*PROTEIN (biologically complete)	32 Gm.
*CARBOHYDRATE	65 Gm.
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*Nutrients for which daily dietary allowances are recommended by the National Research Council.

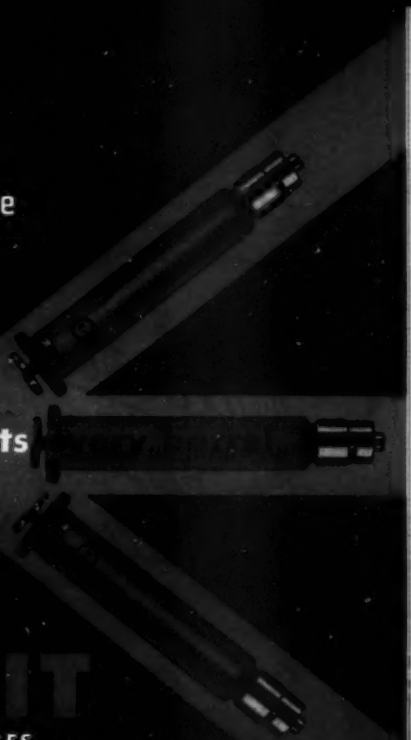
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sizes now available:
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From the desk of
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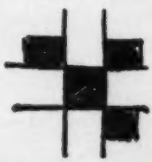
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Bacitracin . . . Neomycin— "the best of the newer local antibiotics"[1]
plus Propesin— non-irritating local analgesic

for oropharyngeal and tonsillar infections

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TROCHES

In superficial infections of the pharynx, tonsils, and mouth, Du-biotic Troches provide the complemental, antibacterial effectiveness of two superior antibiotics, which are seldom used systemically and are virtually non-irritating and non-sensitizing.

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BACITRACIN (200 units)—hemolytic streptococci that commonly cause acute tonsillitis and pharyngitis are "particularly susceptible"[2] to bacitracin.

NEOMYCIN (3.5 mg.)—remarkably bacteriostatic and bactericidal against a wide range of pathogens and is "superior to other available antibiotics for Staphylococci organisms."[3]

PROPESIN (2.0 mg.)—non-irritating local analgesic for dependable, long-lasting relief of throat discomfort.

Supplied: Vials of 15. White Laboratories, Inc., Kenilworth, N. J.

Also available: *Du-biotic Intranasal* (Bacitracin-Neomycin nose drops).

1. Poole, W. L.: Discussing Forbes, M. A. Jr., Clinical Evaluation of Neomycin in Different Bases, Southern M. J. *45*:235 (March) 1952.
2. Meleney, F.L. et al.: Surg. Gynec. & Obstet. *94*:401, 1952.
3. Waksman, S.A.: Neomycin, Rutgers U. Press, 1953, p. 194.

XUM



going deep

The "hyperkinemic" activity of Baume Bengué goes beneficially deep. It enhances blood flow *through* the *tissue area* in arthritis, myositis, muscle sprains, bursitis and arthralgia. As Lange and Weiner[1] determined by the use of thermo-needles, hyperkinemic effect may extend to a depth of 2.5 cm.

Baume Bengué also promotes systemic salicylate action. It provides the high concentration of 19.7% methyl salicylate (as well as 14.4% menthol) in a specially prepared lanolin base to foster percutaneous absorption.

Baume Bengué

1. Lange, K., and Weiner, D. L. Invest. Dermat. 12:263 (May) 1949.

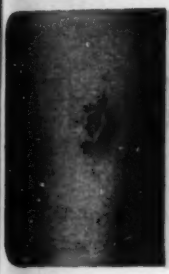
Available in both regular and mild strengths.

Thos. Leeming & Co. Inc. 155 E. 44th St., New York 17, N.Y.

varicose ulcer



FEBRUARY 11
2.1 x 1.3 cm. varicose ulcer, unresponsive to previous therapy.



FEBRUARY 19
Epithelial ingrowth from margins after 8 days' therapy with MY-B-DEN, Sustained-Action, 20 mg.



MARCH 19
Ulcer completely healed. Patient received 22 injections of MY-B-DEN, Sustained-Action, 20 mg. (1 cc. I. M.)

clinical demonstration of response to

MY-B-DEN®

(adenosine-5-monophosphate)

NONTOXIC, SYSTEMIC MUSCLE ADENYLIC ACID THERAPY

The complications of chronic venous insufficiency respond dramatically to MY-B-DEN. Itching, edema, pain, and burning are quickly relieved and "the ulcer proceeds to heal."[1] The benefits of supportive measures are enhanced, and when surgery is indicated MY-B-DEN is a "valuable adjunct."[2]

Administration: 1 cc. injected intramuscularly 3 times weekly. For severe cases dosage treatment may require 4 to 6 weeks.

Supplied: MY-B-DEN Sustained-Action in gelatin solution: 10 cc. vials in two strengths, 20 mg. per cc. and 100 mg. per cc. adenosine-5-monophosphate as the sodium salt. (Also available in Aqueous Solution and Sublingual Tablets.)

1. Rottino, A.; Boller, R., and Pratt, G. H.: Angiology *1*:194, 1950.

2. Boller, R.; Rottino, A., and Pratt, G. H.: Angiology *3*:260, 1952.

"Pioneers in Adenylic Acid Therapy"

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ERNST BISCHOFF COMPANY, INC.
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AUREOMYCIN TRIPLE SULFAS is outstanding for use against gonococcal infections. The recommended dose is 2 tablets initially, followed by one tablet at 6-hour intervals for 2 doses. This course may be repeated when necessary.

Each tablet contains:
Aureomycin chlortetracycline HCl (125 mg.)
Sulfadiazine (167 mg.)
Sulfamerazine (167 mg.)
Sulfamethazine (167 mg.).

Bottles of 12, 100 and 1,000.

LEDERLE LABORATORIES DIVISION
AMERICAN Cyanamid COMPANY
30 ROCKEFELLER PLAZA, NEW YORK 20, N.Y.

Aureomycin Triple Sulfas

Tablets *Lederle*

Letters

Good medicine: Does it pay dividends? • Special fee arrangements for prolonged cases • M.D.s on the witness stand • How to help the indigent aged • More about doctors' wives • Prepay plan abuses

Does Good Medicine Pay?

SIRS: I agree with Dr. Henry A. Davidson that the patient should be made to feel that his doctor is a dedicated person whose office is "a temple of healing, not a retail establishment." Such an attitude pays off, certainly, for the patient. And it pays off for the doctor, too, in love, respect, and a feeling of accomplishment. But *not* in cash.

Many more doctors would give our people medicine of this sort if they could make a living doing it. But apparently it's impossible. In my case, I practiced for fifteen years according to Dr. Davidson's precept. Then, in order to make enough money to send my daughter to college, I had to move to a new location. But I lost part of my heart.

John E. Windham, M.D.
Ruleville, Miss.

SIRS: In my opinion there is a continuing need for magazines like yours to keep hammering away at the importance of ethics in medicine. Medicine can prosper only if we are motivated by fellowship and a desire to be of service, rather than by greed and selfishness.

Charles A. Perera, M.D.
New York, N.Y.

SIRS: You can't repeat too often that the M.D. should work at *the art* of medicine—the laying on of hands, the personal touch, the giving of self. Otherwise the patient is driven to the cultist, who takes the time to do these things.

M.D., California

Special Fees

SIRS: One of your readers recently asked you to suggest a special fee arrangement for a diabetic patient who couldn't afford to pay full price for the necessary frequent visits. You recommended charging a blanket monthly fee, on the theory that the doctor would thus avoid being accused of giving discounts on his regular per-visit fee.

But there's a danger in such an arrangement: The patient may abuse it by making unjustifiable calls and

G-Tussin

(Formerly Guaitussin)

make every cough useful

LOOSEN THE DRY, NONPRODUCTIVE COUGH . . . GLYCERYL GUAIACOLATE

—increases respiratory tract fluid nearly 200%.[2] Congestive secretions are liquefied and removed. The cough "loosens", becomes productive.

—reduces daily frequency of coughs by more than two-thirds[2]

PHENYLTOLOXAMINE (10 mg. per teaspoonful)

—effective antihistaminic.

—diminishes cough reflex in the irritated pharynx through its mild, local anesthetic action.

G-Tussin

Non-Narcotic — Demulcent

White's

1. Boyd, E. M. and Leyp, S.: J. Pharmac. & Exper. Therap. 87:93, 1946.
2. Stevens, M. L. et al.: Can. M. A. J. 48:178, 1943.

by making needless demands on the doctor's time. A better way of helping the semi-indigent patient is to charge him the full fee—but *only* for every second or third visit.

This arrangement works very well for me. No one can charge that "He says his fee is $10, but he'll take $5 or even $3." Yet I'm able to tailor the fee to the patient's ability to pay without encouraging him to impose on my time.

M.D., Virginia

SIRS: Sometimes the *real* problem in adjusting fees to the patient's purse is his own unbending refusal to "take charity." In such cases, I often tell a tactful white lie. I say I'm giving special study to cases like his, that he's doing me a favor in letting me see him frequently, and that, therefore, there will be no charge or only a nominal one.

Henry Moore, M.D.
Thomasville, Ga.

On the Witness Stand

SIRS: Judge Oliver K. King's article, "Courtroom Cues," was excellent. But there are a few points he failed to stress:

1. The medical witness should never hesitate to give the right answer to any question from the opposing counsel, no matter how damaging he fears that answer may be to the side for which he's testifying. The jury will be impressed with the doctor's integrity and will more readily credit his other testimony.

2. As far as possible, the witness should refuse to be led into the field of vague hypothesis, where he's almost certain to become trapped in a maze of contradictions.

3. Most important of all, the physician should study closely the opposing counsel's methods of examining other witnesses. I always try to do this; and I've found that if I can anticipate the lawyer's questions and reactions, I can often avoid being caught by surprise.

John H. Schaefer, M.D.
Los Angeles, Calif.

Help for the Needy Aged

SIRS: Here's a simple solution to the problem of providing for the health needs of medically indigent oldsters:

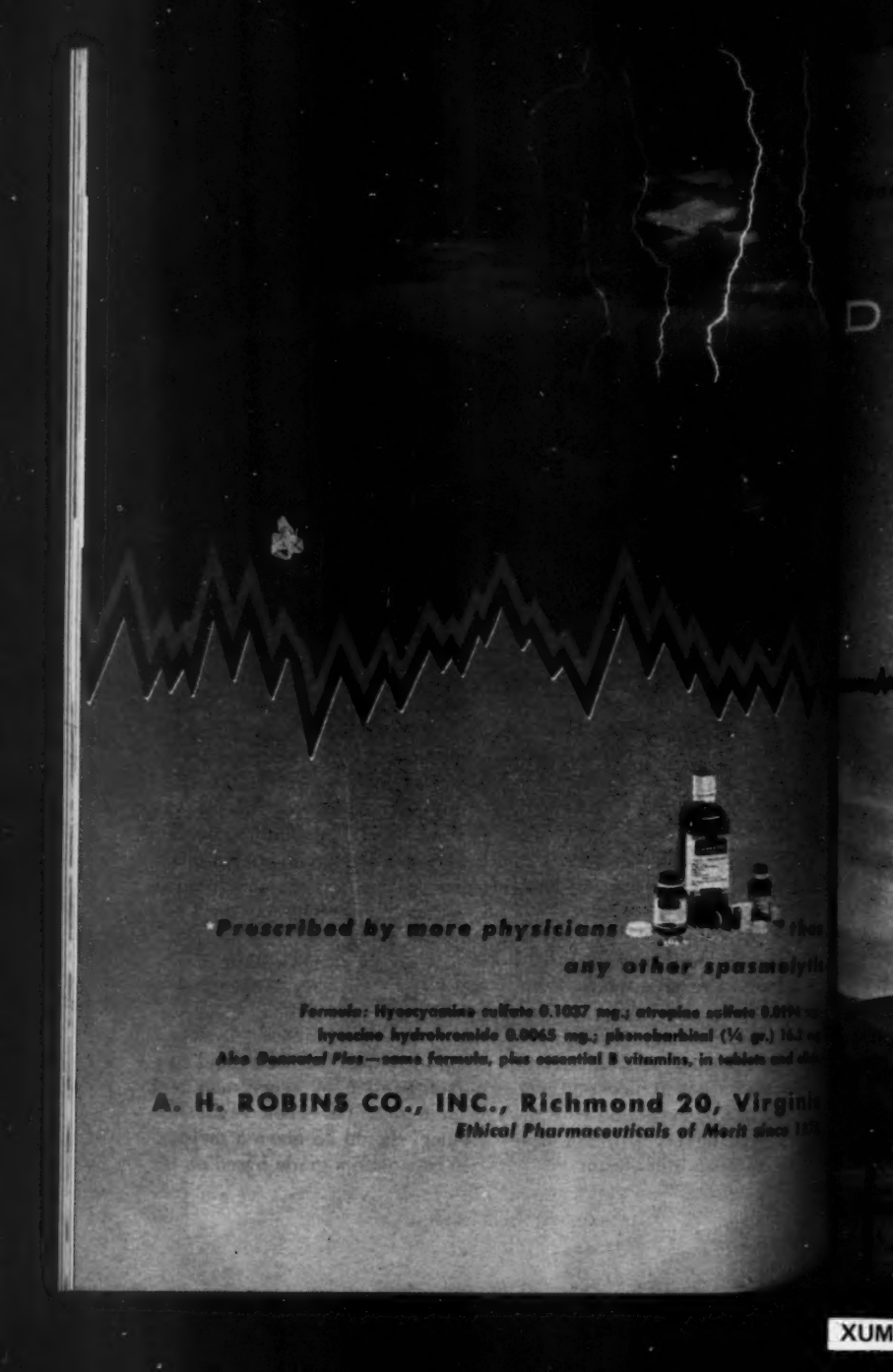
Stop teaching young people to rely on the state for their security.

As a result of such teaching, they have discarded the responsibility, as laid down in the Decalogue, of looking after their parents. When the young start caring for the old (as God intended they should), the citizens of this nation will be that much closer to the freedom safeguarded by a sane interpretation of our Constitution.

A. G. Blazey, M.D.
Washington, Ind.

SIRS: Specially trained physicians should evaluate the health and economic position of every man and woman over 65. Then each such "senior" should be given a registration card with a grade based on his

XUM


*Prescribed by more physicians
any other spasmolyti
Formula: Hyoscyamine sulfate 0.1037 mg.; atropine sulfate
hyoscine hydrobromide 0.0065 mg.; phenobarbital (¼ gr.)
Also Donnatal Plus—same formula, plus essential B vitamins,
A. H. ROBINS CO., INC., Richmond 20, Virgini
Ethical Pharmaceuticals of Merit since

...eminent* in

spasmolytic therapy:

DONNATAL®

TABLETS · CAPSULES · ELIXIR

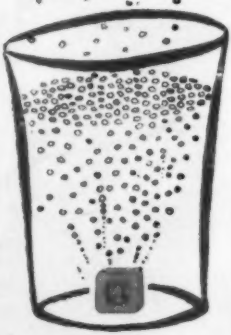
Natural belladonna alkaloids in balanced formula of maximal synergism

plus

Small dosage of phenobarbital for control of psychogenic factor



XUM

for colds, grippe, flu . . .
pleasant · refreshing · easy-to-take
APAMIDE-VES ™
(Buffered N-acetyl-p-aminophenol, AMES, 0.3 Gm.)
effervescing analgesic-antipyretic
promptly relieves headache, myalgia, malaise and fever
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LETTERS

degree of physical disability and the amount of national aid he needs.

To the totally indigent, the Federal Government should pay full Social Security benefits plus the cost of all medical care. But the old person with adequate private means and good health should be given only a fraction of his medical costs.

Francis H. Redewill, M.D.
San Francisco, Calif.

SIRS: Why search for a plan to help the needy aged? The American way is the best way; the American way scorns "plans."

Take Federal programs, for instance. They seem so attractively simple, with their balanced, mechanical charts and all that Government money 'at no cost to anyone'! Yet Federal money is only local money decimated by handling and strangled by red tape.

Food, clothing, and shelter for everybody are more vital than medical care for the aged. Such things can be guaranteed only by individual initiative and *local* responsibility.

Lawrence T. Brown, M.D.
Denver, Colo.

Doctors' Wives

SIRS: As the wife of a young G.P. in a small town I've greatly enjoyed the "How to Be a Doctor's Wife" series. And I'd like to second Mrs. Marlowe's recommendation that *every* wife should join the auxiliary to her husband's medical society. That's the best way, I've found, for the wife to meet women with an under-

Introducing . . . **VI-DEXEMIN***

Dexedrine† with vitamins and minerals

for the control of weight during pregnancy

and for weight reduction in obesity

'Vi-Dexemin' gives the physician, in a single preparation, a balanced, safe and convenient means of *controlling weight during pregnancy* while, at the same time, supplying protective amounts of essential vitamins and minerals. 'Vi-Dexemin' is also valuable for the *reduction of weight in obesity* where an intensive dietary regimen may restrict the intake of essential nutrients.



Each 'Vi-Dexemin' tablet contains:

	'DEXEDRINE' SULFATE (dextro-amphetamine sulfate, S.K.F.)	5.0 mg.
Vitamins	Vitamin A	5000 U.S.P. Units
	Vitamin D	500 U.S.P. Units
	Thiamine mononitrate (B_1)	3.0 mg.
	Riboflavin (B_2)	2.0 mg.
	Calcium pantothenate [as pantothenyl alcohol]	1.0 mg.
	Pyridoxine hydrochloride (B_6)	0.5 mg.
	Vitamin B_{12}	1.0 mcg.
	Folic acid	0.4 mg.
	Ascorbic acid (C)	25.0 mg.
	Nicotinamide	20.0 mg.
Minerals	Calcium [as calcium phosphate, dibasic]	500.0 mg.
	Iron [as ferrous sulfate, exsiccated]	12.0 mg.
	Iodine [as potassium iodide]	0.1 mg.

'Vi-Dexemin' is available—on prescription only—in bottles of 100 tablets.



Smith, Kline & French Laboratories, Philadelphia

*Trademark
†T.M. Reg. U.S. Pat. Off. for dextro-amphetamine sulfate, S.K.F.

standing of—and experience in—problems like her own.

Also, the women's auxiliary will keep her up-to-date on such subjects as medical legislation, socialized medicine, and public relations. Since laymen often judge the doctor by his wife, it's important for her to be well informed.

Margaret V. Williams
Pikesville, Md.

SIRS: Speaking of M.D.s' treating their wives, I wonder if any of your readers can top this:

When I first took a fellowship in obstetrics at the Mayo Clinic, I couldn't find a place to live; so my wife, who was pregnant, had to stay in Chicago with her parents. On my first visit there after three weeks, she greeted me with the news that she thought Junior was about to arrive.

After a quick check I hurried her into the car and started out in the heavy, early evening traffic. Almost immediately, I had to stop for a red light—and the baby was delivered so fast that we *actually* made the green light.

Five minutes later, at another red light, my wife asked me to turn on the car light and see whether we had a boy or a girl. I'd been too upset to notice. (It was a boy.)

Frank H. Haigler Jr., M.D.
Rochester, Minn.

SIRS: Here's an example of the nonchalance with which doctors often treat illness in their own families:

A radiologist's amenorrheal wife had an abdominal extension that he diagnosed as pseudocyesis. He prescribed rigorous exercise; so, in compliance, she took her six-year-old daughter on daily—and strenuous—trips to the beach. There, she often carried heavy bundles and beach equipment for a pregnant friend.

After a full summer of this routine, she was still putting on weight, and she would have been sure she felt movement except that her husband pooh-poohed the idea. Finally she told him, "If you won't take me to an obstetrician, you'd better take me to a psychiatrist. Because I'm either pregnant or crazy."

She was right. And she wasn't crazy!

Doctor's Wife, New York

Prepay Abuses

SIRS: I agree with your recent editorial, "Prepay Hanky-Panky," that there are times when a doctor's sympathy and understanding toward a patient's troubles can be carried too far.

Consider this incident, related to me by a radiologist I know:

"Not long ago, an old friend phoned me. His wife, it seemed, needed some diagnostic X-rays.

"The man's business had been quite bad for several months and he was close to the ragged edge financially. But he had managed to keep up their Blue Cross policy.

"Would I put his wife in the hospital, he asked, so that the insurance policy would pay for the X-rays? Re-

a nutritional "lift" in times of stress

'Becotin with Vitamin C'

(Vitamin B Complex with Vitamin C, Lilly)

in major surgery; severe burns;
febrile, gastro-intestinal, and wasting diseases

FORMULA

EACH PULVULE PROVIDES:

Thiamin Chloride	10 mg.
Riboflavin	10 mg.
Pyridoxine Hydrochloride	5 mg.
Nicotinamide	50 mg.
Pantothenic Acid (as Calcium Pantothenate)	25 mg.
Vitamin B_{12} (Activity Equivalent)	1 mcg.
Ascorbic Acid	150 mg.
Liver Preparation and Stomach-Tissue Material, Desiccated, Lilly	0.39 Gm.

IN BOTTLES OF 100 AND 500

DOSE

1 OR MORE PULVULES DAILY

Lilly

QUALITY / RESEARCH / INTEGRITY

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lucantly, I refused, suggesting that she go to our hospital clinic.

"A few days later, the clinic chief called me.

" 'Mrs. So-and-So,' he said, mentioning the name of the man's wife, 'appears to have a duodenal ulcer. She needs bed rest. So I've hospitalized her.'

"As it turned out, of course, she had no ulcer. I'm sure the clinic chief knew it all the time. But he hospitalized her to get Blue Cross to pick up the X-ray tab."

The attitude of the clinic chief here is, of course, understandable: He wanted to help the patient. What difference would the cost of a few X-rays make to the insurance company?

Plenty of difference, if many doctors took the same attitude. And apparently a lot of them do.

Carried to an extreme, such abuses of voluntary plans could lead to prohibitive premiums and an undermining of the entire prepay structure.

Sometimes it's better to take the long view—even though at the time it may seem the hard-hearted view.

M.D., District of Columbia

SIRS: Do the insurance companies think we're a bunch of crooks determined to rob them by ordering unnecessary work? *They* are the ones who raise the cost of health insurance by insisting on paying *only* for hospitalized cases. [MORE→

Cortef† for inflammation

neomycin for infection

Neo-Cortef*

†TRADEMARK FOR UPJOHN'S BRAND OF HYDROCORTISONE (COMPOUND F)

*TRADEMARK FOR UPJOHN'S BRAND OF HYDROCORTISONE (COMPOUND F) WITH NEOMYCIN SULFATE

ACETATE OINTMENT

Available in 5 Gm. and 20 Gm. tubes

Each gram contains:

Hydrocortisone acetate .... 10 mg. (1%) or 25 mg. (2½%)
Neomycin sulfate ..... 5 mg.
(equivalent to 3.5 mg. neomycin base)
Methylparaben ..... 0.2 mg.
Butyl-p-hydroxybenzoate ..... 1.8 mg.

[redacted] *The Upjohn Company, Kalamazoo, Michigan*

PBZ® Expectorant

Ciba *products of performance*



for unproductive and difficult coughs

Pyribenzamine® Expectorant



THE PATIENT FEELS
a rapid end of "tickling" and irritation, of unproductive coughing and difficult coughs—soothing.

YOU OBSERVE
a readier clearing of the bronchi with minimal effort and less fatigue.

THE FORMULA
Each 4 ml. teaspoonful contains:
30 mg. Pyribenzamine citrate (tripelennamine citrate Ciba)
8 mg. codeine phosphate
10 mg. ephedrine sulfate
80 mg. ammonium chloride

A successful approach to cough control via liquefying, antihistaminic, spasmolytic and inhibitory actions. Also available without codeine.

Ciba *Summit, N. J.*

'EDRISAL* *with* CODEINE ½ gr.'

'EDRISAL *with* CODEINE ¼ gr.'

to relieve more intense pain

Because of the Benzedrine† Sulfate component, 'Edrisal with Codeine' improves the patient's mood, and thus averts the undesirable depressant effects that are so often associated with codeine therapy.

This remarkable analgesic combination (available in two strengths) is particularly effective in dysmenorrhea, colds and grippe, the early pain of malignancies, and in many other cases where relief of more intense pain is needed.

Each tablet contains codeine sulfate, ½ gr.—or ¼ gr.—plus the 'Edrisal' formula.

Smith, Kline & French Laboratories, Philadelphia

*T.M. Reg. U.S. Pat. Off.

†T.M. Reg. U.S. Pat. Off. for racemic amphetamine sulfate, S.K.F.

Every time a patient is sent to the hospital for a simple operation that could have been done in the doctor's office, the insurance company pays out $15 or more extra. Why don't the health plans realize this?

M.D., California

SIRS: It's amazing how many physicians are willing to go along with patients on hospitalization for diagnostic X-ray examinations. This practice is apparently an accepted procedure in all hospitals. Hospital administrators haven't objected, since it obviously enriches their departments of radiology.

Irving I. Cowan, M.D.
Milwaukee, Wis.

SIRS: Part of the trouble lies in the fact that those who sell health insurance often promise benefits that are not included in the policy.

Recently, a patient came in for an office call, got a prescription for drugs, and proudly presented me with his hospitalization policy. He said he'd been assured by the salesman that it covered office calls and drugs!

And only this morning a patient insisted the agent had said that she could collect $15 for a bandage we put on her ankle yesterday—for a charge of $2. She was furious when I said she'd been misinformed.

Doctor's Aide, Texas

SIRS: The health plans could solve many of their problems by writing deductible policies. Thus, the patient might be responsible for the



when psychic stress
is the underlying cause of

BACK PAIN or HEADACHE

Edrisal* relieves the psychic stress

Edrisal's Benzedrine† component improves the patient's mood and creates a sense of well-being, thus relieving the depression that so often is the underlying cause of pain.

'Edrisal' relieves the pain

" 'Edrisal' was more effective than any other analgesic previously used : : ."

Wells, R.L.: M. Ann. District of Columbia *20*:360, 1951.

Each 'Edrisal' tablet contains:	
'Benzedrine' Sulfate (racemic amphetamine sulfate, S.K.F.)	2.5 mg.
Acetylsalicylic acid	2.5 gr.
Phenacetin	2.5 gr.

Be sure to prescribe 2 'Edrisal' tablets per dose to assure the full benefit of the 'Benzedrine' component.

Smith, Kline & French Laboratories, Philadelphia

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†T.M. Reg. U.S. Pat. Off. for racemic amphetamine sulfate, S.K.F.

first $50 of the bill, and the company would pay the entire balance up to certain limits.

As the auto insurance companies have found out, it's the many small fees that raise the cost of premiums.

Maurice J. Leon, M.D.
Upper Montclair, N.J.

SIRS: The problem of overutilization, with the resultant increase in subscriber rates, will get worse until the plans realize it's impossible to give complete hospital coverage, except at a very high rate.

J. H. Harris, M.D.
Harrisburg, Pa.

SIRS: The Louisiana Hospital Service, Inc., is now offering a deductible policy—like those written against auto collisions—as an experiment. The patient pays the first $25 or $50 of his costs; and, in most instances, the policy covers the balance.

We feel such coverage will materially reduce the number of free riders and will give the overobliging doctor a reasonable excuse for not sending patients with minor illnesses to the hospital. Yet ample protection is given the subscriber who really needs hospitalization, at a rate he can afford to pay.

Rates for the individual are $1.55 for $25 deductible, $1.15 for $50 deductible. The family (regardless of size) pays $4.70 for the former and $3.75 for the latter coverage.

D. B. Barber, M.D.
Alexandria, La.

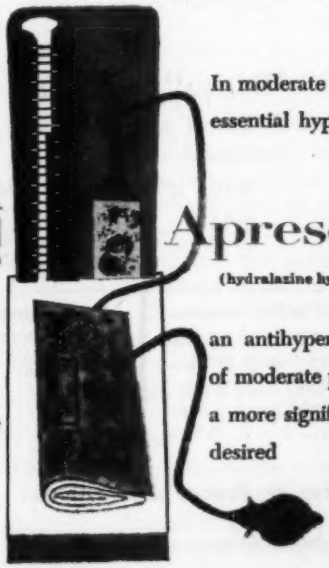
Especially in mild, labile essential hypertension . . .

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Serpasil T.M.
(reserpine Ciba)

a pure crystalline alkaloid of Rauwolfia serpentina

a tranquilizer-antihypertensive for gradual, sustained effect



In moderate and severe essential hypertension...

Apresoline ®
hydrochloride
(hydralazine hydrochloride Ciba)

an antihypertensive agent of moderate potency when a more significant effect is desired

Ciba

Clay-Adams Announces

The ADAMS Fertility Calculator

- **Simplifies your patient's calculation of her fertile period**
- **Permits individualized settings for each patient based on Knaus Method**
- **Eliminates arithmetical errors**

The ADAMS Fertility Calculator enables a doctor, *for the first time*, to provide his patients with an easy-to-use, individually-set calculator that will accurately determine the *individual* patient's fertile periods. Based on the widely-approved and tested Knaus Rhythm method, it covers menstrual cycles as short as 21 days or as long as 38 days. It will cover up to 12-day variations in extremes of the patient's menstrual cycles.

The Fertility Calculator eliminates complicated charts and tables for determining a woman's fertile period. The doctor sets the calculator at the shortest and longest menstrual cycle of the patient and locks the calculator in position. The patient then can read her fertile days each month directly off the calculator, by turning the dial to her onset date of her latest menstruation. In sterility cases, the physician can narrow down the number of days when conception is possible.

Studies show that involved calculations are the greatest single source of error in applying the Knaus method. These are now avoided.

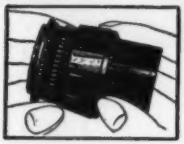
The ADAMS Fertility Calculator is made of durable plastic and metal and is only 2 inches high. The calculator will be sold only through Surgical Supply Dealers on recommendation of physicians. Price is $5.00 with quantity discounts.

Get complete details from your Surgical Supply Dealer.

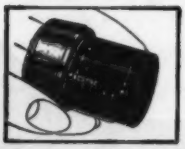


3 Simple Steps

1. *With cover removed, set indicator at "0", pull collar to right, exposing the two wheels.*



2. *Shortest and longest cycles are set opposite each other—relock calculator by sliding collar back in place, with line over individual cycle variations.*



3. *Fertile period is read directly when indicator is set at date of menstrual onset.*

CLAY-ADAMS COMPANY, INC.
141 East 25th St., New York 10

Clay-Adams

"Six weeks of... [Mol-Iron] therapy will in the anemic mother produce the equivalent of 4 transfusions at a fraction (1/40) of the cost." [1]

"We have never had other iron salts so efficacious in pregnant patients." [2]

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FOR THE PRENATAL OR LACTATING PATIENT

White's

mol-iron® with calcium and vitamin D

The prenatal capsule of choice . . . the most effective oral iron therapy known with generous amounts of calcium and vitamin D. Recommended therapeutic daily dose supplies the full dietary allowance of calcium for the latter half of pregnancy.*

Each soft gelatin capsule contains:

Mol-Iron	198 mg.
Dicalcium phosphate	869 mg.
Vitamin D_3	200 units

White's

mol-iron®

(MOLYBDENIZED FERROUS SULFATE)

. . . also available in the following convenient forms:

mol-iron tablets
for older children and adults

liquid
where liquid medication is preferred

drops
palatable, prophylactic drop dosage

mol-iron with liver and vitamins
where nutritional reserves are low

mol-iron e. m. f.
(erythrocyte maturing factors)—for all types of anemias amenable to oral iron therapy; potent, complete

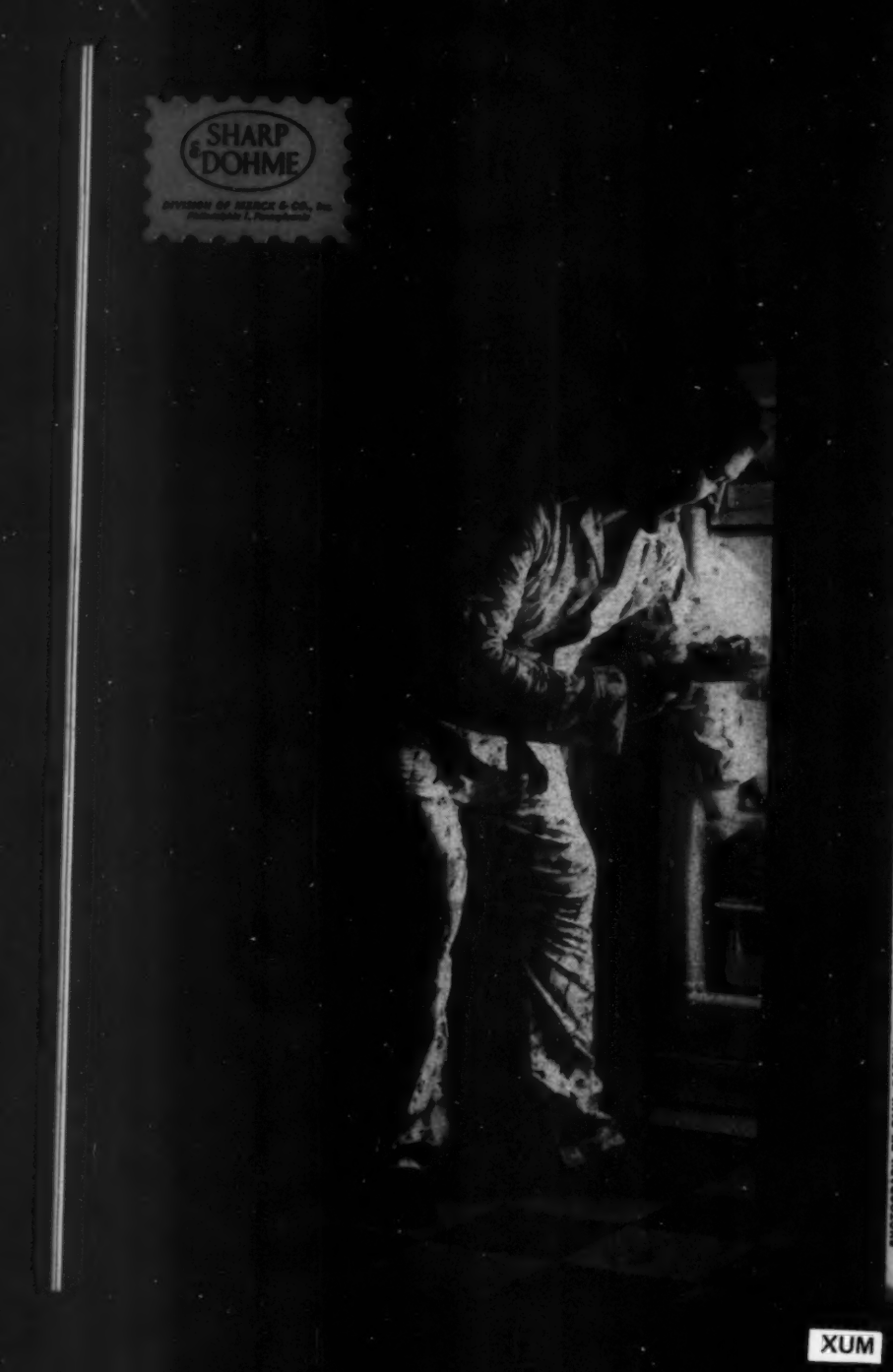
*Complete bibliography on request

WHITE LABORATORIES, INC., KENILWORTH, N. J.

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XUM


SHARP
&
DOHME
DIVISION OF MERCK & CO., Inc.
Philadelphia 1, Pennsylvania

XUM

Stop those sneak raids with

'MELOZETS'

METHYLCELLULOSE WAFERS*



Constant nibbling from morning until midnight adds calories by thousands—the most common cause for overweight. You can help these patients lose weight when you suggest that, instead of a snack, they eat 'MELOZETS.'

A most important value of 'MELOZETS' is that they are a "drugless" help to any reducing regimen.

'MELOZETS' look and taste like graham crackers. Each wafer contains 1.5 Gm. of methylcellulose and supplies about 30 calories. They give a sense of satisfying fullness which blunts the appetite.

EASY TO EAT: A wafer with a glass of fluid, between meals or one-half hour before meals.

SUPPLIED: In ½ lb. boxes of about 25 wafers.

FREE DIET SHEETS



For a pad of sheets, each with 42 different 'MELOZETS' reducing menus, and a sample of 'MELOZETS,' drop a note on your prescription blank to Professional Service Dept., Sharp & Dohme, West Point, Pennsylvania.

**Patent applied for*

PHOTOGRAPH BY PAUL RADKAI

XUM



A NEW ORANGE JUICE FOR BABIES...

whether cup, bottle, or spoon fed

Guaranteed Vitamin C value → Oranges are specially selected for high ascorbic acid content. Carefully pasteurized to retain a *minimum* of 40 mg/100 c.

Easy to digest → Special processing results in negligible amounts of peel oil... never more than .010%.

Highly acceptable to babies →



Made from tree-ripened unblemished oranges. Flavor-controlled with dextrose added when necessary to adjust sugar-acid ratio for year-round uniformity. Attractive natural fresh-fruit color.

Convenient for young mothers → Ready to serve. Extra finely strained and homogenized to go easily through regular nursing-bottle nipples.

Babies are our business... our only business!

Gerber's BABY FOODS

4 CEREALS • 80 STRAINED & JUNIOR FOODS, INCLUDING MEATS

Providing a sound basis for vitamin dosage...



Now...

NEW STANDARDS*

for both maintenance and therapy

PANALINS



PANALINS-T



* *Therapeutic Nutrition, Publication No. 234, National Research Council.*

XUM

products that meet Authoritative Standards * for vitamin dosage of the National Research Council



The need for two formulations

"The accepted standards of recommended dietary allowances apply to healthy individuals or to certain specific conditions such as pregnancy and lactation. Recent evidence has indicated that these normal allowances may not always be adequate for the sick and injured." *

Standard maintenance capsule for supplementation

"When supplementary vitamins are required, a standard vitamin capsule should be made available. This should contain several vitamins in addition to the six recommended by the National Research Council for normal healthy people." *

Therapeutic capsule for stress states

"A simple therapeutic capsule would contain approximately five times the usual daily allowances for the various vitamins." *

The "standard maintenance vitamin capsule" and the "therapeutic vitamin capsule" recently recommended in the National Research Council's publication "Therapeutic Nutrition"* bring new authoritative dosage standards into the present complexity of multivitamin formulations and potencies.

Panalins, the standard maintenance vitamin capsule, is formulated in accordance with the recommendation* that such a supplement provide certain other vitamins in addition to the six for which Recommended Dietary Allowances have been established. One Panalins capsule daily assures vitamin protection for most patients.

Panalins-T is formulated in accordance with the recommendation* that acutely ill or injured patients receive a therapeutic capsule containing approximately five times the usual daily allowances of B complex vitamins and vitamin C.

* *Therapeutic Nutrition, Publication No. 234, National Research Council.*

MEAD

MEAD JOHNSON & COMPANY
EVANSVILLE, INDIANA, U.S.A.

PANALINS

N.R.C. STANDARD MAINTENANCE VITAMIN CAPSULE

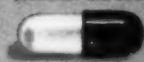


Conforming precisely to the N.R.C. recommendation each Panalins capsule supplies

Thiamine	1 mg.
Riboflavin	1 mg.
Niacinamide	10 mg.
Ascorbic acid	25 mg.
Calcium pantothenate	1 mg.
Pyridoxine hydrochloride	0.5 mg.
Folic acid	0.25 mg.
Vitamin B_{12}	2 mcg.
Vitamin A	5000 units
Vitamin D	400 units

PANALINS-T

N.R.C. STANDARD THERAPEUTIC VITAMIN CAPSULE



Conforming precisely to the N.R.C. recommendation, each Panalins-T capsule supplies

Thiamine	10 mg.
Riboflavin	10 mg.
Niacinamide	100 mg.
Calcium pantothenate	10 mg.
Pyridoxine hydrochloride	5 mg.
Folic acid	1.5 mg.
Ascorbic acid	300 mg.
Vitamin B_{12}	4 mcg.

Notable for

SMOOTH ACTION



HALEY'S M-O has long been relied on for smooth, *gentle action* in relieving constipation and accompanying gastric acidity. This pleasant tasting emulsion combines the laxative-antacid properties of Phillips' Milk of Magnesia with the lubricating qualities of pure mineral oil.



Because the minute oil globules are thoroughly distributed and mixed with the contents of the lower bowel, evacuation is bland, soft and thorough. There is no griping or discomfort and oil leakage is obviated.

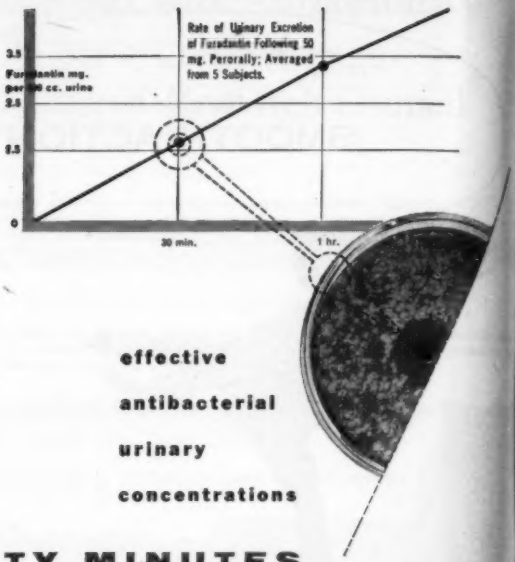
Evidence of the demulcent character of Haley's M-O is its frequent professional recommendation when constipation is concurrent with pregnancy or hemorrhoidal conditions.

DOSAGE:

1 to 2 tablespoonfuls before retiring.

THE CHAS. H. PHILLIPS CO. DIVISION *of Sterling Drug Inc.* **1450 Broadway, New York 18, N.Y.**

XUM



effective antibacterial urinary concentrations

IN THIRTY MINUTES

So remarkable is the affinity of Furadantin for the urinary tract that the urine becomes actively antibacterial within 30 minutes after ingestion, as shown by urinary concentrations and agar plate tests.

Furadantin exhibits an extensive range of antibacterial activity against both gram-positive and gram-negative urinary tract invaders.

Scored tablets of 50 & 100 mg.

IN ACUTE AND CHRONIC URINARY INFECTIONS

FURADANTIN®

BRAND OF NITROFURANTOIN, EATON

EATON LABORATORIES Inc.

NORWICH, NEW YORK

THE NITROFURANS—A UNIQUE CLASS OF ANTIMICROBIALS O_2N R PRODUCTS OF EATON RESEARCH



RELIEVE AND PROTECT TORTURED BABES THE AMMORID® WAY

To relieve common skin irritations accompanied by itching, chafing, or burning, such as prickly heat, intertrigo, and diaper rash; promote rapid healing of excoriations and inhibit secondary infection; and provide an excellent after-bath dressing—

AMMORID
Dermatologic Ointment

Contains benzethonium chloride and zinc oxide, in a nongreasy lanolin base. Agreeably scented, easily removed with soap and water or soapless detergents. Supplied in 2-oz. tubes.

To protect against diaper rash—

AMMORID
Diaper Rinse

A unique product because it combines a special water-softening agent with methylbenzethonium chloride, which inhibits the formation of ammonia by checking the *Bacillus ammoniagenes,* organism responsible for releasing ammonia from urine. Diapers treated "the AMMORID way" are soft and will *not* chafe baby's sensitive skin.

Supplied in bottles of 240 Gm. of dry powder (enough for 360 diapers).

Samples and Literature on Request

Kinney

KINNEY & COMPANY, INC.
Columbus, Indiana

XUM



why stop PROTEIN DIGESTION *to correct* HYPERACIDITY

Ordinary antacids stop protein digestion, but an *in vivo* study by Tainter* proves that AL-CAROID, by virtue of its "Caroid" content, maintains protein digestion while correcting hyperacidity.

WRITE FOR PROFESSIONAL SAMPLES

AL-CAROID®

antacid-digestant *powder and tablets*

Al-Caroid and Caroid, T. M. Reg.

*Tainter, M. L., et al: Papain, Ann. New York Acad. Sc. 54:143-296 (May) 1951.

AMERICAN FERMENT CO., INC. • 1450 Broadway, New York 18, N. Y.

20 to 40%

less phenobarbital

in control of

Anxiety Tension

with

ORGAPHEN®

tablets . . . liquid

Clinical evidence* indicates that gratifying sedation (without stultification) may be readily achieved in anxiety tension and related conditions by means of ORGAPHEN, the unique, synergistic combination of organically bound iodine and a relatively small amount of phenobarbital. The effective dose of ORGAPHEN (1 tablet, or 4-cc. teaspoonful) contains *only 1/5 grain of phenobarbital,* with ¼ grain of organically combined iodine equivalent to 10 minims of ORGANIDIN® solution. Since the usual sedative dose of phenobarbital ranges from ¼ to ½ grain 3 to 4 times daily, synergistic sedation with ORGAPHEN spares the patient 20 to 40% of the barbiturate, reduces tension, and lowers blood pressure without depression, sluggishness, or tendency to neurosis. *Supplied:* ORGAPHEN liquid, 16-fl. oz. bottles. ORGAPHEN tablets, bottles of 100.

Samples and literature on request

*Slaughter, D., Grover, W. C., and Hawkins, R.: Report to American Therapeutic Society, Boston, 1950; S. Dakota J. Med. & Pharm., 3:357, 1950.

WAMPOLE LABORATORIES

Henry K. Wampole & Co., Incorporated . . . Philadelphia 23, Pa.

Two years ago, findings of importance to dietitians everywhere were published, emphasizing the superiority of reconstituted MINUTE MAID Fresh-Frozen Orange Juice over home-squeezed juice of the same type oranges, in three respects:

(a) *Average levels of ascorbic acid significantly higher:* Obviously, this advantage of MINUTE MAID, observed in samples tested, is susceptible to variation, from season to season, as crops differ. It should be emphasized, however, that, penny for penny and year after year, the lower-priced MINUTE MAID offers *more* ascorbic acid than home-squeezed orange juice.

(b) *Peel oil content significantly low.* Samples of orange juice, home-squeezed by typical housewives, showed that content of peel oil, a cause of allergic response and poor tolerance, especially in infants, was up to 700% higher than in MINUTE MAID.

(c) *Bacterial counts dramatically lower.* Bacterial counts were found to be as high as 350,000 per ml. in home-squeezed juice, but were uniformly low in MINUTE MAID.

Since publication of the above, more and more physicians are recommending MINUTE MAID in place of home-squeezed orange juice. And now comes more evidence in favor of MINUTE MAID . . .

New Assays Reaffirm Dietary Advantages of Minute Maid Fresh-Frozen Orange Juice on a Cost Basis

A second report comparing the individual mineral and vitamin values of MINUTE MAID Fresh-Frozen Orange Juice and home-squeezed juice of the same type oranges has recently been published. In this latest study, each sample was analyzed separately:

Although the results are again susceptible to variation according to crop and year, Fresh-Frozen MINUTE MAID was equal to the home-squeezed juice in the samples tested for the largest number of components listed; and in the mean values for Iodine, manganese, potassium, Vitamin A and Vitamin B_{12}, MINUTE MAID showed appreciably *higher* values.

TABLE: *Mean Values in Samples Tested*

COMPONENT	UNITS	MINUTE MAID FRESH-FROZEN ORANGE JUICE	HOME-SQUEEZED ORANGE JUICE
Betaine	mg./100 ml.	49	46
Biotin	mcg./100 ml.	0.26	0.26
Choline	mg./100 ml.	12	12
Cobalt	mcg./100 ml.	74	67
Folic acid	mcg./100 ml.	2.2	2.2
Iodine	mcg./100 ml.	0.34	0.21
Manganese	mcg./100 ml.	53	18
Nitrogen			
Total	mg./100 ml.	104	70
Amino	mg./100 ml.	22	22
Volatile	mg./100 ml.	8	7
Non-volatile	mg./100 ml.	90	72
Pantothenic acid	mcg./100 ml.	146	145
Para-amino-benzoic acid	mcg./100 ml.	4	4
Phosphorus	mg./100 ml.	19	18
Potassium	mg./100 ml.	380	200
Riboflavin	mcg./100 ml.	18	17
Tocopherols	mg./100 ml.	107	104
Vitamin A	mcg./100 ml.	19	16
Thiamine	mcg./100 ml.	87	83
Vitamin B_{12}	mcg./100 ml.	0.0022	0.0012

SUMMARY

These new findings help enlarge professional knowledge of the nutrient constituents of orange juice in general and add fresh evidence that, on a cost basis, MINUTE MAID Fresh-Frozen Orange Juice offers not only more Vitamin C, but also *more* of all the other vitamins and minerals listed.

Taken in conjunction with the previously published findings, this should confirm the choice of physicians who recommend MINUTE MAID in place of home-squeezed orange juice.

REFERENCES:

(1) Rakieten, M. L., *et al.*, Journal of the American Dietetic Association, October, 1951.

(2) Joslin, C. L., and Bradley, J. E., Journal of Pediatrics, Vol. 39, No. 3, pp. 325-329 (1951).

(3) Rakieten, M. L., *et al.*, Journal of the American Dietetic Association, November, 1952.

(4) Assn. Off. Agric. Chemists: Methods of Analysis, 7th ed. Wash.: Assn. Off. Agric. Chemists, 1950.

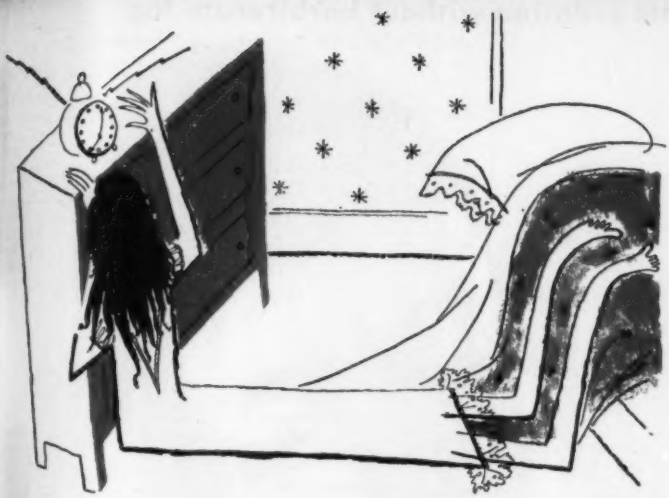
Reference #3 still available in reprint form.



MINUTE MAID CORPORATION

488 MADISON AVENUE, NEW YORK 22, NEW YORK

Wallace R. Roy, Ph.D., Director of Research



Common Iron Deficiency Anemia?

THREE IBEROL TABLETS
the daily therapeutic dose, supply:

Ferrous Sulfate	1.05 Gm.
(representing 210 mg. elemental iron, the active ingredient for the increase of hemoglobin in the treatment of iron-deficiency anemia)	
Plus these nutritional constituents:	
Thiamine Mononitrate (6 times MDR*)	6 mg.
Riboflavin (3 times MDR*)	6 mg.
Nicotinamide (2 times RDA†)	30 mg.
Ascorbic Acid (5 times MDR*)	150 mg.
Pyridoxine Hydrochloride	3 mg.
Pantothenic Acid	6 mg.
Vitamin B_{12}	30 mcg.
Folic Acid	3.6 mg.
Stomach-Liver Digest	1.5 Gm.

*MDR—Minimum Daily Requirement
†RDA—Recommended Daily Dietary Allowance

JUST one IBEROL tablet t.i.d. assures a therapeutic dose of iron, ascorbic acid, seven B complex factors including B_{12} and folic acid, and—to conserve the hematopoietic factors—standardized stomach-liver digest. The triple-coated, compressed tablets have an outer sugar coating to mask the iron in the middle coating—and there's no unpleasant liver odor or taste.

In pregnancy, old age or convalescence, one or two tablets daily are usually enough. IBEROL may be used as a supplemental hematinic in pericious anemia. Available in bottles of 100, 500 and 1000 sugar-coated tablets. Abbott

specify IBEROL®

(Iron, B_{12}, Folic Acid, Stomach-Liver Digest, with Other Vitamins, Abbott)

Subtle sedation without barbiturate fog



Non-barbiturate Sedamyl® is effective across the whole widely ranging anxiety-tension syndrome... effective in 90 per cent of cases.[1] And unlike commonly used sedatives, Sedamyl does not bounce the anxious patient back and forth between hypnosis and hangover. Sedamyl provides mild sedation, relieves anxiety but does not tamper with acuity – Sedamyl patients stay "on the job," stay out of the barbiturate fog. Tebrock[1] says that Sedamyl is an "unusually safe and practical" sedative for daytime use.

sedate with SEDAMYL®

[ACETYLBROMDIETHYLACETYLCARBAMID, SCHENLEY]



relax anxiety, transform tension into a smile

Each Sedamyl tablet provides 0.26 Gm. (4 gr.) acetylbromdiethylacetylcarbamid.

1. Tebrock, H. E.: M. Times 79:760, 1951.

Schenley Laboratories, Inc., *New York 1, New York*

XUM

2 a day for better absorption and utilization

2 a day to avert gastric irritation

'Trinsicon'

(Hematinic Concentrate with Intrinsic Factor, Lilly)

new potency . . .

new economy . . .

new convenient dosage

FORMULA:

Special Liver-Stomach Concentrate, Lilly (Containing Intrinsic Factor).....300 mg.

Vitamin B_{12} (Activity Equivalent).....15 mcg.

Ferrous Sulfate, Anhydrous.....300 mg.

Ascorbic Acid (Vitamin C).....75 mg.

Folic Acid.....1 mg.

DOSAGE:

TWO PULVULES A DAY FOR AVERAGE CASE OF PERNICIOUS OR NUTRITIONAL ANEMIA

In convenient bottles of 60 (thirty days' supply) and 500.



ELI LILLY AND COMPANY, INDIANAPOLIS 6, INDIANA, U. S. A.

XUM



FAR SAFER
than addicting narcotics...

YET FULLY EQUAL
to most analgesic needs

IN RELIEVING SEVERE OR STUBBORN PAIN

Extensive clinical experience demonstrates the unusually high analgesic potency of Phenaphen with Codeine—frequently even for the intense pain of cancer... as well as its virtually complete freedom from disturbing side effects. Not a single instance of addiction has ever been reported.

A. H. ROBINS CO., INC. • Richmond 20, Virginia
Ethical Pharmaceuticals of Merit since 1878

PHENAPHEN—the basic non-narcotic formula (brown and white capsules)

PHENAPHEN with CODEINE PHOSPHATE 1/4 gr.—Phenaphen No. 2 (black and yellow capsules)

PHENAPHEN with CODEINE PHOSPHATE 1/2 gr.—Phenaphen No. 3 (black and green capsules)

PHENAPHEN® with CODEINE

Maximum Safe Analgesia

Robins

Each capsule contains:
Acetylsalicylic acid 162 mg. (2½ gr.), phenacetin 194 mg. (3 gr.), phenobarbital 16.2 mg. (¼ gr.), codeine phosphate 16.2 mg. (¼ gr.) or 32.4 mg. (½ gr.), and hyoscyamine sulfate 0.031 mg.

XUM



"...and be sure to take your VITAMINS!"

Lactation increases vitamin requirements at a time that is critical to mother and child. A balanced vitamin preparation is a dependable way of forestalling the development of a deficient state.

MERCK & CO., INC., RAHWAY, N.J.—as a pioneer manufacturer of Vitamins—serves the Medical Profession through the Pharmaceutical Industry

MERCK

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IN URINARY TRACT INFECTIONS
SULFOSE EXCELS

In Every Medical Dimension



Higher and more prolonged blood levels than with other sulfonamide preparations, single or in combination.

Superior tissue distribution, owing to higher sulfonamide blood levels. Cecil says, ". . . infection is in tissues and not in the lumen of the urinary passages."

Antibacterial action—particularly effective against E. coli.

Greater solubility in acid urine—With pH below 6—common in infection—Sulfose and its acetylated fractions give greater solubility than the single sulfonamides—sulfisoxazole and sulfadimetine.

References available

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PHILADELPHIA 2, PA.

SULFOSE®
TRIPLE SULFONAMIDES WYETH
SUSPENSION TABLETS

Questions

Who can claim an exemption for a dependent? • Looking into medicine as a career • Polio insurance not a 'racket' • Collections control system

Exemption for Dependent

My brother and I live at home with our mother and share all the costs of maintaining her and the household. Will you tell us how to decide which of us can list her as a dependent?

First, figure out how much each of you has contributed to running the household—including *total* costs of such items for all three of you as board, clothing, health care, and lodging. (If you own your house, by the way, you may *not* take credit for its fair rental value; the Internal Revenue Service says the cost of lodging is limited to what you pay out for property taxes, interest on your mortgage, insurance, and repairs.)

Suppose, when you've added up these costs, you find that you have contributed $4,000 to the household, as against your brother's $3,000. Each of you now subtracts the cost of his own support. If, say, you spent $2,500 on your own upkeep, then the remainder, $1,500, may be considered your contribution to your mother. If your brother's personal support came to $2,000, his contribution was $1,000.

As you know, only the individual who pays for more than half another person's support is entitled to claim that person as a dependent. So, in the case as above set forth, the income tax exemption is yours. If you and your brother want to shift the responsibility from year to year, you can do so by planning ahead.

Medicine as a Career

A teen-age patient has asked me to help him decide whether or not to study medicine. I'd rather direct him to the facts and let him judge for himself. Are there any good publications that tell what medicine offers to—and asks of—the would-be physician?

Here are three books that might help:

1. HOW TO BECOME A DOCTOR. By George R. Moon. Philadelphia: The Blakiston Company. $2.

2. THE DOCTOR'S JOB. By Dr. Carl Binger. New York: W. W. Norton & Company, Inc.

3. DOCTOR IN THE MAKING. By

Arthur W. Ham and M.D. Salter. Philadelphia: J. B. Lippincott Company.

"The Doctor's Job" and "Doctor in the Making" are out of print but they may be found in many libraries. In addition, the young man might write to the A.M.A. Council on Education in Chicago and ask for the latest pamphlets on the subject.

Polio Insurance

As a pediatrician, I'm sometimes asked whether or not I'd advise polio insurance. Can you tell me about it? Is it a racket? Or should I recommend it?

Polio insurance is by no means a "racket." It's perfectly valid insurance against the medical and hospital costs of a polio case. Most policies cover all costs up to $5,000; a few have a $10,000 limit.

Coverage can be bought on an individual or family basis, and for relatively small premiums. For example, one company offers individuals a two-year policy, with a $5,000 top, for $7.50. Another firm offers two years of up-to-$5,000 family coverage for only $10. Rates tend to vary considerably from company to company, since polio insurance is only a few years old and no exact basis for setting costs has yet been found.

In deciding whether or not to recommend polio insurance to anxious parents, it's wise to point out that the chances of polio's hitting any

For that patient not doing as well as you'd like on
ammonium chloride, xanthines, aminophylline, resins or
other less effective diuretics

NEOHYDRIN®

brand of chlormerodrin

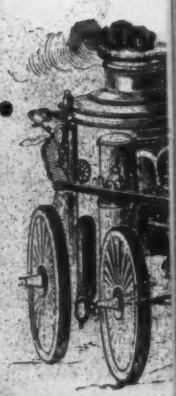
normal output
of sodium and water

Lakeside
LABORATORIES INC · MILWAUKEE 1, WISCONSIN

new *concept*

in anti-inflammatory therapy

new *safety*



new

Potent in oral
systemic anti-inflammatory therapy

Cortril tablets

brand of ***hydrocortisone***

Studies indicate that hydrocortisone is the predominant natural anti-inflammatory hormone, and extensive investigations have demonstrated its superior therapeutic efficacy.

Clinical reports comparing hydrocortisone with cortisone note that hydrocortisone produces maximal therapeutic benefits with smaller initial and maintenance dosage requirements and decreased endocrine complications.[1,2]

Cortril
of proved therapeutic merit in:

- Rheumatoid arthritis
- Osteoarthritis
- Acute rheumatic fever
- Addison's disease
- Bronchial asthma
- Acute and chronic ocular disorders and other conditions responsive to systemic adrenocortical hormone therapy

supplied: **CORTRIL Tablets,** *scored, 20 mg., in bottles of 20.*

also available: *CORTRIL Acetate*

Ophthalmic Ointment
in 1/8-oz. tubes in strengths of 0.5% and 2.5%

Topical Ointment
in 1/6-oz. tubes in strengths of 1.0% and 2.5%

Aqueous Suspension for intra-articular injection
in 5-cc. vials, 25 mg. per cc.



PFIZER SYNTEX PRODUCTS

new

Anti-inflammatory and anti-infective management in ocular disorders

Cortril acetate ophthalmic suspension

brand of hydrocortisone acetate

with Terramycin® hydrochloride

brand of oxytetracycline hydrochloride

New therapeutic approach in ocular disorders

The combination in one preparation of CORTRIL, the topically effective anti-inflammatory hormone, and TERRAMYCIN, the broad-spectrum antimicrobial agent, represents a new attainment in ophthalmologic therapy.

Clinical studies reveal that topical hydrocortisone is significantly superior to cortisone[3,4,5] in reducing local edema and controlling excessive tissue reactions due to allergens, infection, or trauma in diseases of the anterior segment of the eye.

TERRAMYCIN, with its broad antimicrobial spectrum, is an antibiotic of choice to curtail the growth of primary or secondary infecting organisms. Thus in ocular inflammation where infection coexists, is suspected, or anticipated, administration of CORTRIL Ophthalmic Suspension with TERRAMYCIN provides unexcelled therapy.

Cortril with Terramycin *of distinct advantage in:*

- Blepharitis
- Conjunctivitis
- Corneal ulcer and other corneal afflictions
- Scleritis
- Iritis and other conditions responsive to topical adrenocortical hormone therapy

supplied: Each cc. of CORTRIL Acetate Ophthalmic Suspension with TERRAMYCIN, sterile, contains 15 mg. of CORTRIL acetate and 5 mg. of TERRAMYCIN hydrochloride, in amber bottles of 5 cc. with a sterile eye dropper.

references:

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Pfizer

PFIZER LABORATORIES
Division, Chas. Pfizer & Co., Inc.
Brooklyn 6, New York

XUM

one individual are small. On the other hand, peace of mind may be well worth the slight annual expense.

Collections Control

While I have no reason whatever to doubt my secretary's honesty, I suppose I should maintain some sort of check on it in the interest of sound business practice. What method can I use to keep track of incoming funds?

One way would be to set up what's known as an accounts-receivable control. It would work like this:

Suppose your charges to patients in February total $1,000. Cash collections are $400. Your secretary sends out bills for the remaining $600 and collects $350 more. At this point, $250 should still be outstanding. But if a check of patients' account cards shows that only $200 is still due, you may assume that something is probably wrong.

The catch in an accounts-receivable control is that it actually may not control at all. And it invariably makes extra work.

Ten to one, *you* won't take the time to check the patients' account cards every month. If your aide does it, she becomes her own monitor and can—if she's dishonest—balance the books by juggling them at will.

Perhaps the best and simplest way to keep tabs on your girl's honesty is to have an auditor make a periodic spot check of the books.

rapidly bactericidal against all of the most common gram-positive pathogens

ILOTYCIN

(ERYTHROMYCIN, LILLY)

ILOTYCIN the original Erythromycin

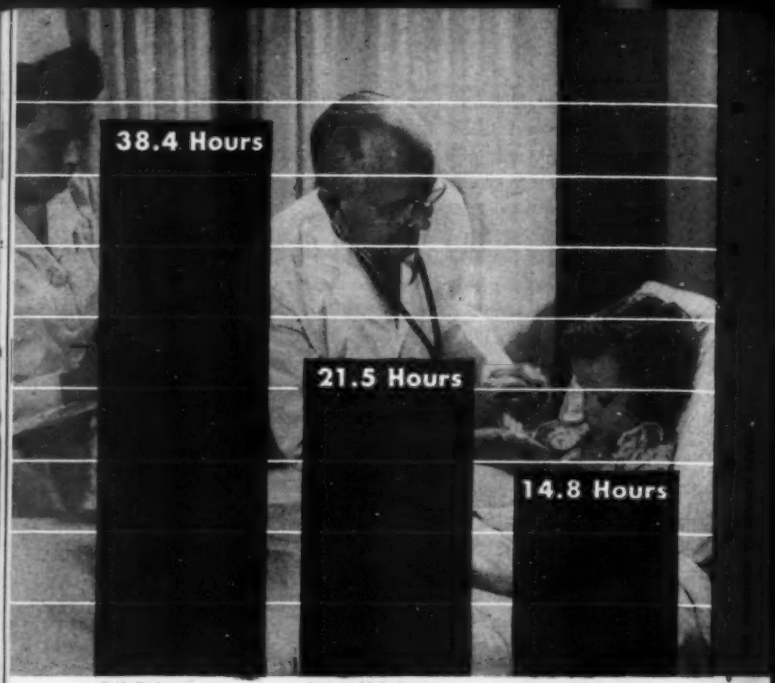
Lilly

Speaking of antacids—

WHICH DO YOU PRESCRIBE?

Regardless of which antacid you've been using, we believe you'll agree that most of them are rather good.

Still, we'd like to remind you of Syntrogel® 'Roche'...because it acts fast (in a matter of seconds) and long (often for hours). For patients with heartburn or too much stomach acid, Syntrogel is really worth trying.



Vollmer and co-workers[1] found that the combination of sulfonamides and penicillin reduced fever in their series of patients more rapidly than either sulfadiazine or penicillin alone.

COOPERATIVE ACTION IN CLINICAL MEDICINE

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1. *Vollmer, H., et al.: New York State J. Med. 50:2293 (Oct.) 1950.*

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1. Traylor, J. B.; Torpin, R.: Am. J. Obst. and Gynec. 61:71 (Jan.) 1951, p. 74

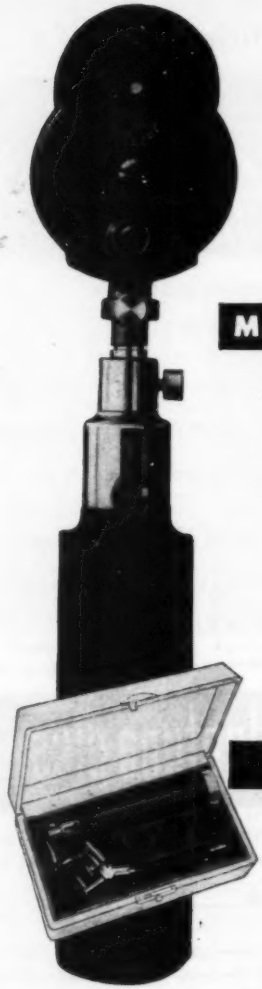
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ASCORBIC ACID	50.0 mg.	MOLYBDENUM	0.2 mg.
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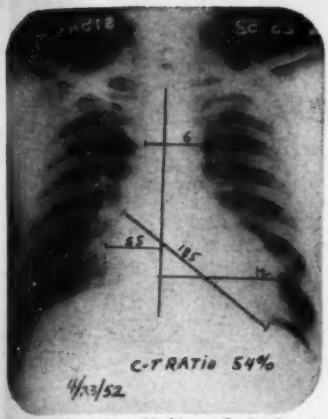
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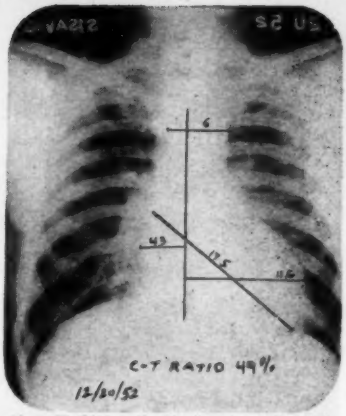
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Methium, a potent autonomic ganglionic blocking agent, reduces blood pressure by interrupting nerve impulses responsible for vasoconstriction. Because of its potency, careful use is required. Pre-treatment patient-evaluation should be thorough. Special care is needed in impaired renal function, coronary disease and existing or threatened cerebral vascular accidents.

1. Kuhn, P. H.: Angiology 4:195 (June) 1953.
2. Moyer, J. H.; Snyder, H. B.; Johnson, I.; Mills, L. C., and Miller, S. I.: Am. J. M. Sc. *225*:379 (April) 1953.
3. Moyer, J. H.; Miller, S. I., and Ford, R. V.: J.A.M.A. *152*:1121 (July 18) 1953.

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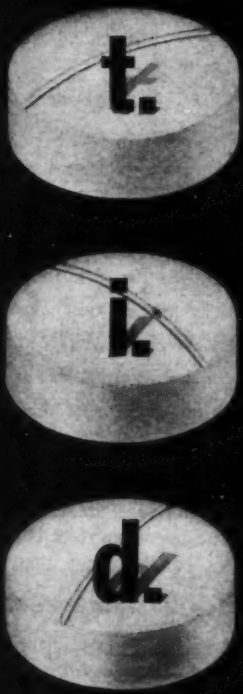
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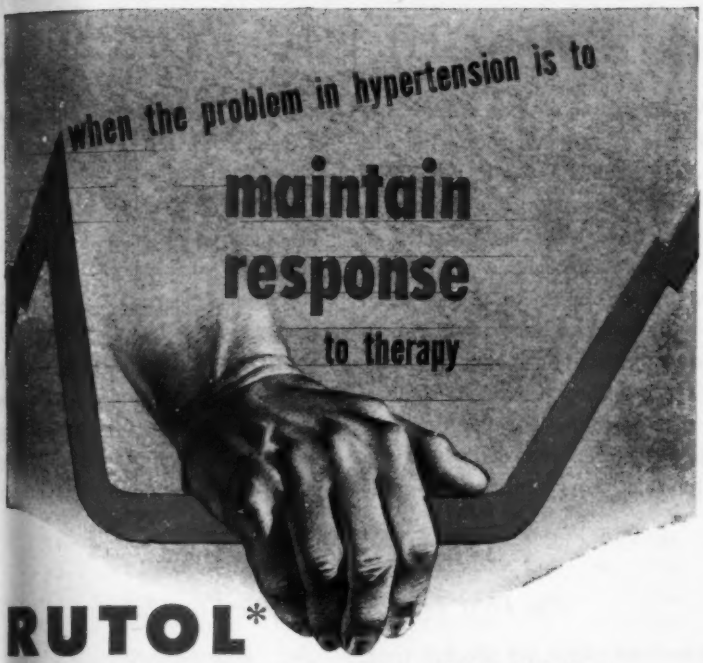
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Anemia in the Presence o

Many anemic patients continue to show a subnormal blood picture despite adequate iron therapy. Furthermore, ample systemic iron reserves have been demonstrated in many markedly anemic patients. In such cases, depression of the hemopoietic function due to bacterial or virus infection, or to allergy, is very frequently the cause of the anemia.

This accounts for the poor response so often reported where iron alone has been given[1], in "low-grade anemias" of children[2], nutritional anemia[3] and other forms of "secondary" anemia.

Such limited response has raised the question—is iron the complete answer to basic anemia therapy?

Recent research[4,5] suggests that the answer is NO—a more basic approach should aim at stimulating the depressed bone marrow, the "organ" responsible for effecting erythrogenesis, mobilization of iron reserves and hemoglobin synthesis.

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The First True Hemopoietic Stimulant

Roncovite offers, for the first time, the specific bone marrow hemopoietic action of well-tolerated cobalt plus adequate supplementary iron for those lacking in "systemic iron reserves."

In iron deficiency anemia—

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or chronic inflammatory disease—*where iron is useless*—Roncovite induces, in many cases, a striking and dramatic hemopoietic response.[6]

Rapid Improvement—

The patient often voluntarily reports an increased sense of well-being *within a few days*—as reported by documented clinical evidence.

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Cobalt has the same low order of toxicity as iron. Moreover, cobalt is rapidly and almost completely excreted via the urine, so that there is little if any cumulative effect even after periods exceeding 100 days of continuous parenteral use. The body shows no significant amounts of cobalt 48 hours after the last dose.

*The Original, Proved Cobalt Product.

of Iron?

NEW EVIDENCE: Effect of Roncovite Drops (Cobalt-Iron Therapy) in Selected Cases of Iron Deficiency in Infants and Children.[4]

Age in Mos.	Complicating Illness	R. B. C. Increase per day	Hgb. Increase per day
1	Neonatal Jaundice	40,000	0.08 Gm.
3	None	113,000	0.22 Gm.
17	None	74,000	0.15 Gm.
5	Acute Laryngo-Tracheitis	—500	—0.01 Gm.
10	None	79,000	0.22 Gm.
15	None	133,000	0.20 Gm.
3½	Infantile Diarrhea	19,000	0.03 Gm.
11	None	26,000	0.07 Gm.
17	Herpetic Stomatitis	100,000	0.11 Gm.
9	None	159,000	0.11 Gm.
14	None	155,000	0.14 Gm.
12	Cervical Lymphadenopathy	165,000	0.12 Gm.
15	None	68,000	0.10 Gm.
13	None	190,000	0.28 Gm.
6	Gastro-enteritis	198,000	0.16 Gm.
9	None	42,000	0.09 Gm.
24	None	81,000	0.16 Gm.
19	Fever	78,000	0.15 Gm.
7	Urinary Infection	134,000	0.10 Gm.
24	None	122,000	0.15 Gm.
16	Staph.-Adenitis	77,000	0.07 Gm.
12	None	107,000	0.15 Gm.
15	None	134,000	0.10 Gm.

SUPPLIED:

Roncovite Tablets—enteric coated, red. Each contains cobalt chloride, 15 mg.; ex. ferrous sulfate, 0.2 Gm.; bottles of 100.
Dose: one tablet 4 times a day.

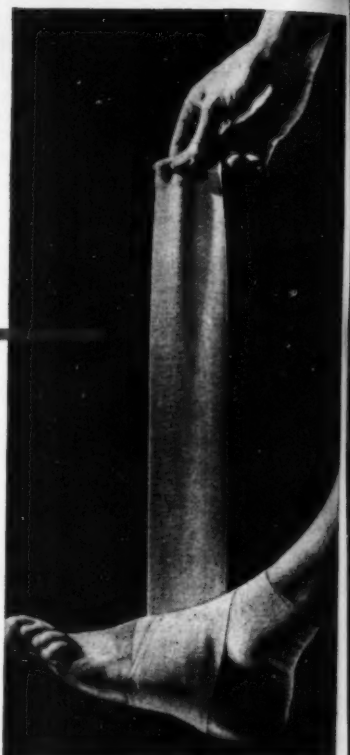
Roncovite Drops—each 0.6 cc. contains cobalt chloride, 40 mg.; ferrous sulfate, 75 mg.; bottles of 15 cc. with calibrated dropper.
Dose: 0.6 cc. daily.

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2. Cass, L. J.; Frederick, W. S., and Di Gregario, S.: Journal-Lancet *51*:73 (1953).
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4. Rohn, R. J.; Bond, W. H., and Klotz, L. J.: J. Indiana St. Med. Assoc. *46*:1253 (Dec.) 1953.
5. Rohn, R. J., and Bond, W. H.: Journal-Lancet *73*:301 (1953).
6. Wolf, H.: Med. Monatsshr. 5:239, 1951.

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New TENSOR is woven with Heat-Resistant live rubber threads for lasting elasticity

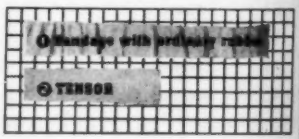
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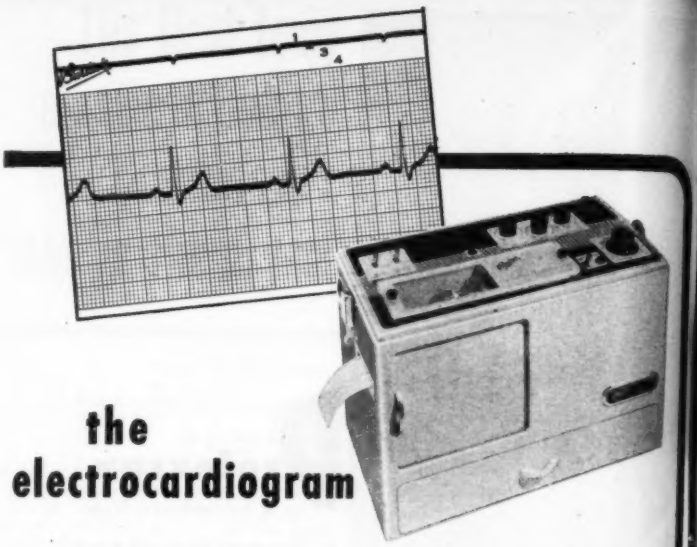
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*The Med. Clin. of North America (Jan.) 1952, p. 93.

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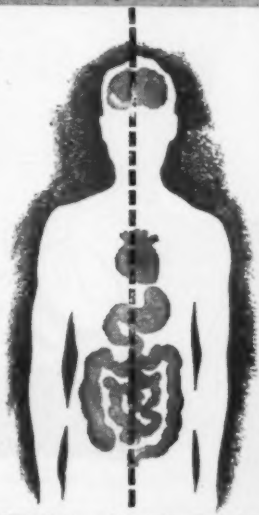
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SUPPLIED: Bottles of 100, 500, and 1000 distinctive brown-and-yellow capsules.

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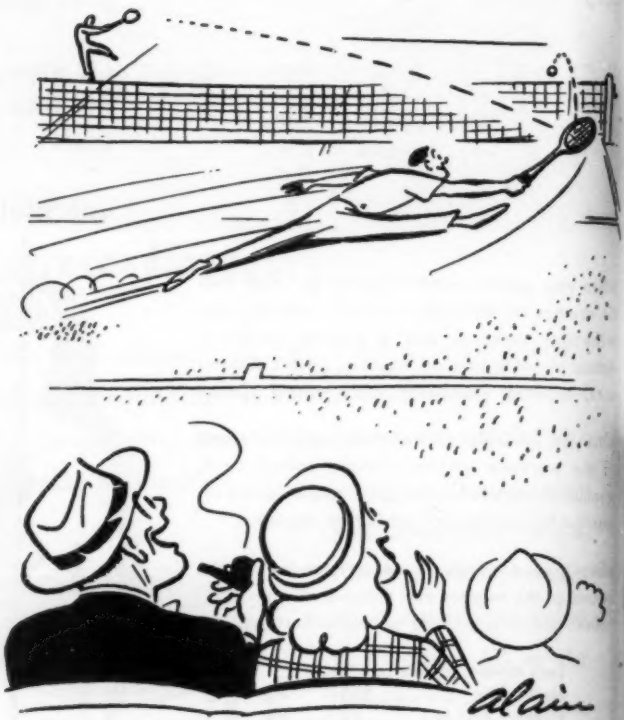
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Characteristic frontal lesions of seborrheic dermatitis. Lesions may also appear on the temples, behind the ears and in the external auditory canal.



This patient had suffered chronic seborrheic dermatitis for 6 years. Treatment with 'Pragmatar' brought this marked improvement in the lesions in just 28 days.

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Medical Economics

FEBRUARY 1954 · VOLUME 31 · NUMBER 5

Editorial

Speedy Action

● For years we've been hearing ironic jokes about medicine's "Model T public relations." Maybe there used to be some reason for these jokes; but they seem pretty pointless today. Consider a few recent developments in widely scattered sections of the country:

¶ By making what had been a hit-or-miss emergency call service truly effective, doctors in upstate New York acknowledged their responsibility to their community. That was good public relations.

¶ By working out a series of public forums on health matters, M.D.s in a Southern city dramatized their interest in local health needs. That was good public relations, too.

¶ By giving newspaper men the straight facts on a threatened typhoid epidemic, Far Western doctors helped prevent a panic, thus winning the goodwill of both public and press. And *that* was good public relations.

Happily, these examples are typical. They're duplicated every day, as medical men and their societies search for ways to improve themselves and their relations with the public.

But the harsh fact remains that, despite such progressive steps on the part of U.S. physicians, medicine remains the whipping boy of sensation-seeking newspapers and magazines. And as anti-doctor articles are paraded before the sometimes gullible public, many medical men dawdle about answering back—or they don't bother to set the record straight at all. Yet, reckless charges must be answered—and immediately—if the public is to know the truth. [MORE→

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As it happens, a number of medical societies already have a potentially effective mechanism for making sane and speedy answers to writers on the rampage. These societies list two or three doctors who are available to give legitimate information to editors, if asked for it. The A.M.A. has given its blessing to this idea; but we can't help feeling that it might be carried even further: Why shouldn't some level-headed medical spokesmen, *whether asked for comment or not*, be authorized to fire back an official answer the very instant that a wild attack is made on doctors?

Perhaps a denial never quite catches up with a charge. But one thing, we've discovered, is dead certain: Nothing travels more slowly than silence.

Foreign Doctors

From now on, the foreign doctor who wants to do post-graduate work in this country will have to promise the Association of American Medical Colleges that he'll confine his studies here to two years, and that he'll go home right afterward, no matter what.

Does this sound like a plan for limiting competition with U.S. practitioners? The association says no. Actually, an A.A.M.C. official explains, his organization merely wants to give American medical schools a break. Many foreign physicians, he points out, have graduated from substandard schools back in their own countries. Naturally, our colleges don't want to accept these doctors for post-graduate training. The new plan, he argues, will tend to cut down on the number of *unqualified* applicants from abroad.

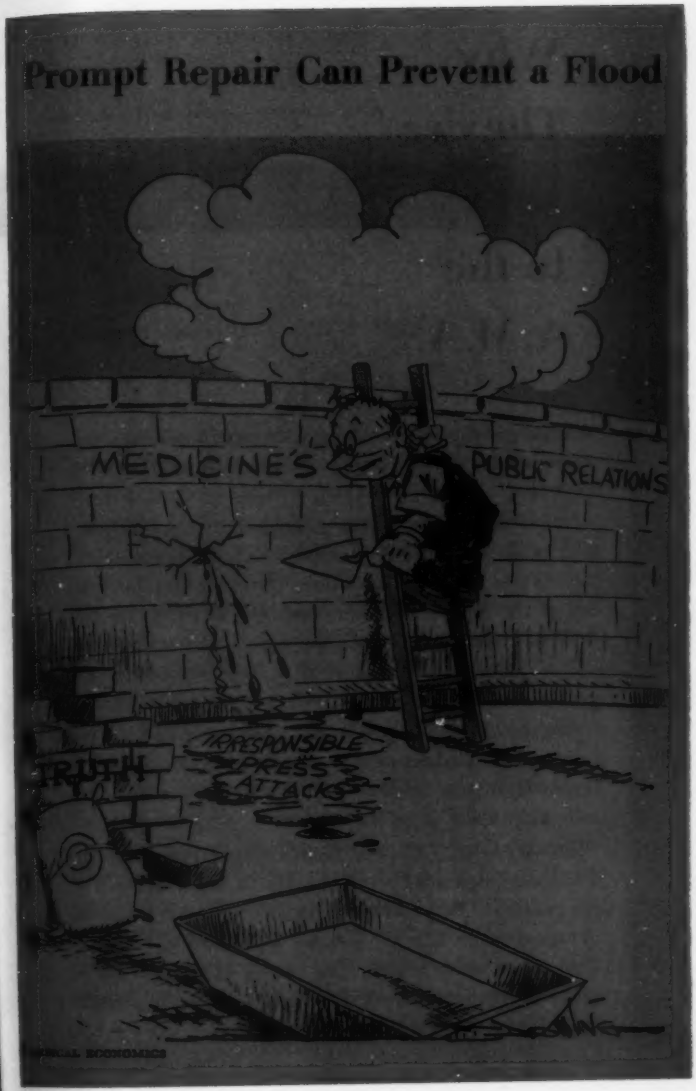
And so it may. But won't it also cut down on the number of *qualified* applicants? This, it appears to us, is a vital question.

We fail to see how the over-all caliber of the foreign doctors we accept will be improved as a result of the new restrictions. If anything, the really skilled medical man is likely to balk at coming to this country if he knows he must leave after only two years.

Perhaps there's no foolproof way to assess the past training and present competence of foreign physicians. But a more sensible approach, it seems to us, might be for the A.A.M.C.—or the A.M.A.— to make a thoroughgoing effort to rate foreign medical schools. If this were done, U.S. institutions could then judge all their non-American applicants accordingly.

If we could find an effective way of evaluating such applicants on their background alone, there'd probably be no need for artificial time restrictions and go-home promises. Assuming that only topnotch doctors were coming here for advanced study, we'd surely *want* to give them as much as they could absorb.

—H. SHERIDAN BAKETEL, M.D.


Prompt Repair Can Prevent a Flood
MEDICINE'S
PUBLIC RELATIONS
IRRESPONSIBLE PRESS ATTACKS
TRUTH

Why They're NOT In the A.M.A.

● Some months ago, in talking with an editor of this magazine, a critic of organized medicine made a rather startling point:

"Most doctors agree that medical society membership is of prime importance, professionally and economically. Yet it's true that one out of three physicians isn't a member of the A.M.A. and its constituent societies. Doesn't that fact in itself indicate that organized medicine has failed to gain the confidence of a large segment of the profession?"

We couldn't quarrel with the critic's statistics; at last count, about a third of the nation's 214,000 physicians were *not* A.M.A. members. But we didn't like his harsh interpretation of those statistics.

So we proceeded to ask the following question of over a thousand nonmembers of the A.M.A. from all parts of the country: "Why have you remained outside the ranks of organized medicine?" And, on the basis of several hundred anonymous replies, the critic's conclusion seems quite unwarranted. Here's a breakdown of the doctors' own reasons for their nonmember status:

XUM

A MEDICAL ECONOMICS *survey*

discloses the major reasons why

some 70,000 doctors aren't members

By Roger Menges

About half say they're either retired, in military service, in training, or just starting out in practice. (And most of the younger men indicate they're now in process of joining the association or plan to apply for membership soon.) An additional 10 per cent of the nonmembers would like to become members but can't because they've been refused admission to county medical societies.

That leaves only 40 per cent who claim to be nonmembers through choice.

Most of the men who haven't been *allowed* to join up are Negroes. To quote a typical remark from one of them:

"I've been practicing for twenty years in a Southern community and have all the qualifications for medical society membership except one: My skin isn't white. Because my county society, like many others, draws the color line, I can't belong to the A.M.A. So I can't do industrial work, and I can't even get malpractice insurance from a reputable company. Isn't it a shame?"

But the unwanted aren't always colored. Among other reasons for failure to be accepted in local medical societies:

[MORE→

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¶ "Along with ten other M.D.s, I work for a prepay group that's unpopular with local physicians. None of us has been permitted to join the county medical society. We are, you might say, behind the 'blackball.' It isn't funny."

¶ "When I found that a local M.D. was mishandling patients, I stepped in and tried to do something about it. Unfortunately, the doctor is a big wheel in our society. So you can guess what happened to my membership application—which, at that time, was pending."

¶ "I've been refused membership because I'm considered a 'left-winger'—or something worse. You see, I'm in public health work. So, naturally, they figure I'm for socialized

Double Delivery



● Dr. Ethlyn Jennings of Parkville, Mo., spent a busy day recently: First she delivered the son of her friend Martha Dewar; five hours later, she gave birth to a son of her own. Then the two women, who had known each other for years, recuperated in a double room at Kansas City's Research Hospital. The reason Dr. Jennings (right) worked so late in her pregnancy: She feared complications with Mrs. Dewar, who's RH negative and whose husband is RH positive. "I'm her family physician, and I wanted to be there," says Dr. Jennings.

medicine (*or* something worse)."

¶ "I'm a graduate of a class B medical school. Need I say more?"

A few other doctors have a variety of other explanations of their inability to get into local medical societies. Some, for instance, practice homeopathy. Others haven't yet achieved citizenship. And so on.

The Uninterested

How about the 40 per cent who presumably could belong to the A.M.A. but who insist they'd rather not? These doctors usually give one or more of the following reasons for their standoffishness:

1. Medical society dues are too high;
2. There are no particular benefits to be enjoyed as a result of medical society membership;
3. They dislike certain policies of the A.M.A., of their local medical societies, or of both.

A number of nonmembers say they simply can't afford the combined dues for membership in the A.M.A. and state and local societies. As a Detroit physician puts it: "My income and expenses are running so close now that I can't face additional costs." He and several other doctors apparently feel that organized medicine should adopt a sliding scale of dues based on the individual's ability to pay.

More than a few seem to have dropped their medical society memberships in 1950, when the A.M.A. began to levy its $25 annual assessment. "That was the last straw," comments a Houston physician. "It would have boosted my total dues outlay to more than $100 a year."

Some of these men regret having dropped out and say they'd like to join again. But they balk at the idea of having to pay *all* back dues. (Incidentally, the A.M.A. recently voted to waive this requirement for certain former members—specifically, those who failed to pay up in 1950 but who send in their 1954 dues during the first six months of this year.)

'No Benefits'

Often coupled with complaints about high dues is the attitude—especially, but not only, among institutional doctors—that they have little to gain from A.M.A. membership. A fairly common remark: "The only benefit I'd get would be a subscription to the Journal A.M.A. Since I already take several journals, I don't need another one."

Some G.P.s maintain that there's no reason for them to join the association, since "it's chiefly geared to the needs of specialists." A few specialists, on the other hand, complain that the A.M.A. takes too little interest in their particular fields.

Many of the respondents to the survey admitted they were kept out of the fold merely by apathy. "Just never got around to joining," said a few; others let their dues lapse and "never bothered to seek re-admission." Several even offer this excuse:

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"Nobody's asked me to join." The clear implication of all such remarks, of course, is that these M.D.s feel that organized medicine simply isn't worth the effort needed to join up.

About 15 per cent of the nonmembers are highly critical of the association or of their local societies. Most of the criticism can be summed up in one quotation from a big-city G.P.: "Organized medicine, from the local level on up, is run by and for a small clique of older specialists who oppose any changes in the status quo."

Some further typical comments:

¶ "The medical society in this county is run by a closed corporation. Offices are passed around only among the oldsters. Senility, it seems, is a qualification rather than a barrier."

¶ "Far from being an organization of doctors, the A.M.A. is a self-perpetuating body that squanders too much money on politics and too little on projects for the good of medicine."

¶ "The A.M.A. promotes the interests of specialists while denying hospital staff privileges to the G.P. It condemns labor unions, yet practices the closed shop."

¶ "Our county society is dead set against any advances for the common good."

¶ "While generally in agreement with A.M.A. policies, I thoroughly disapprove of the undignified tactics used in the campaign against 'socialized medicine.'"

¶ "The A.M.A. is a medieval, antisocial, highbrow, impotent, reactionary organization."

The above, then, are the major reasons doctors give for not having joined the A.M.A. Whether or not these reasons are, in all cases, the *real* ones may be open to question. But even taken at face value, they're perhaps worth some serious study. At least, they suggest two ways in which organized medicine might fatten its ranks, if it chose:

1. By doing a more thorough selling job on the advantages of membership; and

2. By finding a way to admit those doctors who, though qualified, have been rejected by their local societies. END



"Next!"

Ways to Speed Up Your Office Routine

Here are a number of ideas, from a time-saving tip about printed forms to an assembly-line technique for addressing envelopes

By Robert M. Harlow

● Keeping one jump ahead in the race against time, telephone, and a teeming waiting room takes a keen eye—an eye for faster, more convenient ways of doing all the little things that keep you and your office staff busy.

To develop such an eye, take a few examples of what to look for. Here, in text and pictures, are fifteen:

MAIL ORDER: Every morning, instead of tackling a helter-skelter pile of letters, circulars, and periodicals, have your secretary arrange them in order of importance. Telegrams and appointment reminders go on top, personal mail in the second layer, routine mail in the third, advertisements and periodicals on the bottom.

MEMOS: Jobs put on paper leave no question of what's to be done and who's to do it. If the memo is dictated, have enough carbons made so that everyone concerned gets a copy. If you write your own memos in longhand, use a pad with ready-made carbon inserts.

PEN-IN-HAND: Make it a rule that, whenever called, your secretary will arrive equipped with notebook and pencil. She then won't have to double back for them if you want to give detailed instructions or dictate a letter. [MORE→

NO 'NINETEEN': In ordering printed forms, don't ask to have "19—" printed in the dateline. It takes a typist longer to line up such a form in her machine than to type the entire date.

SELF-INKING: Stamp pads that are closed and turned upside down at day's end will be re-inked and ready for use in the morning.

FILING AID: Your Girl Friday can cut down on needless trips between desk and filing cabinet if she does all her filing at once, with the help of a portable shelf. The shelf is made to hook over an open file drawer, provides that much-needed place to put things down.

INSIDE OUT: When folding oversized reports for filing, fold the printed side out. This makes it possible to identify the paper without unfolding it.

NUMBER, PLEASE: Your office should have a list of all frequently called telephone numbers. Include doctors you work with, nursing agencies, hospitals and clinics, pharmacies, and the like. A complete list saves time not only for you but also for patients who request information.

MESSAGES: While you're out of the office, be sure a record is kept of each incoming telephone message. This record should be available for ready reference when you call in. It should include date, time of day, gist of the message, and whether caller will call back.

Six Ways for Yo

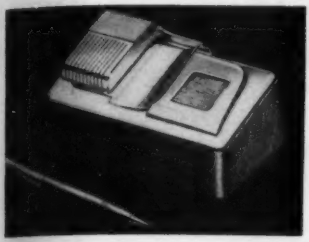


ADDRESSING: Have your girl try this assembly-line method of feeding envelopes into her typewriter. Fold a large piece of heavy paper in half. Insert folded end in typewriter roller to one inch above ribbon gauge. Then tuck envelope behind fold at *front* of roller. Turn roller *back* till envelope is at desired spot for addressing. Each time an envelope is inserted, the roller needs to be turned only half the ordinary distance.

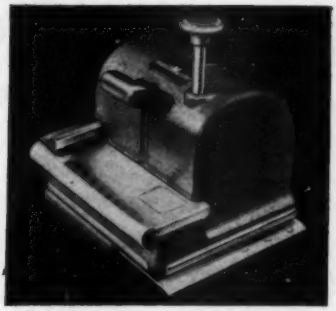


LETTER LEVER: Here's a gadget that takes up no more desk-room than a pencil tray. Insert envelope, press lever, and the long edge of the envelope is neatly slit.

ecretary to Expedite the Handling of Mail



HAND SEALER: The spit-and-polish technique of sealing envelopes is a drain on office efficiency. Now available at moderate cost is a hand-operated envelope sealing machine. In one motion it wets the flap and presses it closed.



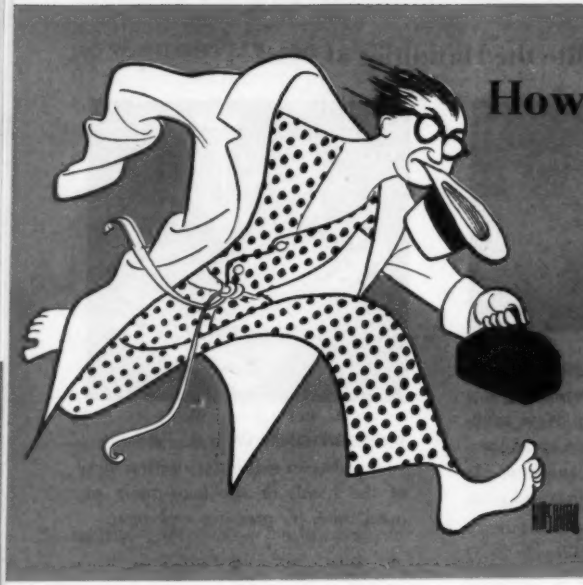
THREE-IN-ONE: With this machine, your aide can seal letters with a flick of the hand; or she can stamp or open them by pressing a plunger.



STAMPER: A hand stamp-affixer holds a full roll of 500 stamps, works at the rate of 100 stamps a minute. Plunger presses stamp to envelope.



POSTAGE METER: Also available is a desk-model postage meter that prints the desired postage directly on the envelope and seals it at one turn of the handle. The meter does its own bookkeeping after being pre-set at the post office, where the postage is paid for in advance. END



How to Impr

• Since World War II, the idea of emergency call services has caught on with astounding speed. The number of such programs has expanded from sixty to 600 in the last five years; and there's no sign of a leveling off.

But, as most medical societies have found, it's a big jump from *idea* to *execution*. Several newly begun plans have already foundered, and a good many others are barely holding their own.

A New England city, for instance, has scores of physicians on its emergency panel. Yet the city hospital must currently answer 60 per cent of all night calls—though five years ago the doctors themselves were handling virtually the entire load.

On the other hand, similar programs elsewhere have

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pro[illegible]our Emergency Call Plan

By Richard Stanton

Most M.D.s agree that the best service is based on close cooperation among local physicians. But there are several reasons why certain plans are increasingly successful—while others fail

boomed. Why? Why does one emergency service wither away while another blossoms and grows? A study of programs throughout the U.S. reveals that the recipe for success seems to demand four major ingredients:

1. Plenty of doctors who are prepared to take rush calls, *even when inconvenient;*

2. A workable method of familiarizing the public with the service (usually a sustained publicity campaign);

3. Some system—or at least an effort to work out a system—for distinguishing between true emergencies and false alarms; and

4. Dependable checks against abuse by the doctors themselves—that is, by the few who overcharge or who may look upon the service as a handy substitute any

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time they want to take a night out.

If your program is to do the job it was set up for, it will probably have to satisfy all the above requirements. It will have to do so, at least, if the experience of other medical societies means anything.

Take, for example, the need for a pool of cooperative M.D.s. Again and again, it has been proved that without a willing—and widespread—sharing of responsibility, the average emergency call plan is doomed. And even under the best of conditions, friction among local doctors is likely to develop unless there's a basic agreement as to who will actually answer emergency calls.

'Why Should I Go?'

Many specialists maintain that only general practitioners should do so; the G.P. firmly disagrees. Older men sometimes feel that youth should bear the entire emergency burden; but the young doctors say they can't manage it alone.

The net result: Almost no one is prepared to take on the job. In Harrisburg, Pa., for example, some 300 doctors belong to the medical society; yet at one time, back in 1951, there were exactly two volunteers for the emergency service! That same year, three out of more than 500 M.D.s in Syracuse, N.Y., were handling the bulk of the work.

The fact is, in most places there simply aren't enough doctors who *want* to answer emergency calls. Yet, obviously, no emergency call program can be carried out without manpower. As a solution, county after county has turned to some form of "doctor draft."

An Order Goes Out

For medical men in Broome County, N.Y., the draft came along some two years ago. Their old volunteer panel of physicians on call—a product of World War II—had dwindled to a bare dozen overworked G.P.s. Not one specialist had been on the panel for years.

So leaders of the medical society decided to take drastic action. Letters went out to all private practitioners under 60. "Your name has been placed on the panel for emergency call service," read the key sentence. The phrasing was polite, but it amounted to an order.

In all, the "draft" swept in about a hundred physicians, nearly half of them specialists. On a strict one-a-day rotation basis, no man was on duty more often than once every three months. (The society made it clear, naturally, that no panel member would be disturbed unless the patient's family doctor was unavailable.)

Everybody In

There were protests, chiefly from an occasional Broome County specialist who hadn't treated a case outside his specialty for years; but no doctor refused to cooperate. And the specialists were reassured when a psychiatrist who took one of the first

night calls came back with a broad smile and a $6 fee.

Other medical societies in all parts of the country have been testing similar plans lately. Age limits range from 40 on up. In Decatur, Ill., for instance, the limit stretches to 65. And Decatur's semi-volunteer panel is nearly all-inclusive: Over 90 per cent of the men under 65 have agreed to serve successively as "M.D. of the Day."

In general, of course, the doctors try to handle the "draft" in the fairest possible manner. Detroit, for instance, calls up its men not on the basis of age but of length of practice in the area; only M.D.s who have practiced there for less than two years are tapped for duty.

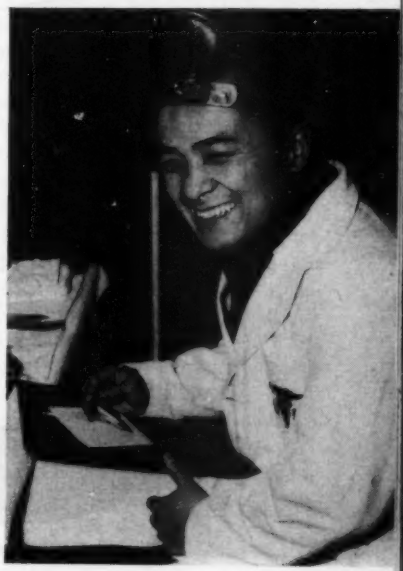
'Lines of Defense'

It's also possible to combine features from both volunteer and draftee plans. After reaching its lowest ebb in 1951, the Harrisburg program was reshaped and revived by this method. Today it has what Dr. Fred Hooper, chairman of public relations, likes to call "three lines of defense."

First line of defense is the family doctor himself. Every practitioner in Harrisburg is asked to name an al-

M.D.'s Past Catches Up With Him in Korea

• Maj. Sammy Lee, 33-year-old Californian (of Korean parents) and Olympic diving champion in 1948 and 1952, got little chance last year to exhibit the back jackknives and full gainers that made him famous. EENT man Lee's duties as an Army doctor in a Korean evacuation hospital—where he recently treated South Korean President Syngman Rhee—kept him too busy. So he was properly surprised, and "a little embarrassed," when he heard the news: The Amateur Athletic Union has named him America's top amateur athlete of 1953.



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ternate, who will accept his calls when he's not available. Names of all doctors and their stand-bys are listed prominently on the switchboard of the Medical Bureau, which is an agency set up by the local medical and dental societies to channel incoming emergency calls.

But if the patient has no family doctor, or if both doctor and alternate are out of reach, the second line of defense comes into action. This consists of ten or eleven young physicians—mostly new to Harrisburg—who are more than willing to take on any and all emergency calls.

Only when *all* these volunteers are beyond immediate reach does the switchboard girl turn to what Dr. Hooper calls the third line of defense.

All Harrisburg doctors under 46 except pathologists and radiologists belong in this category. The tour of duty for any individual is a week, and two doctors go on at a time; so each of the 120 men subject to call gets about one week's duty a year.

No specialist is asked to practice out of his field. But he is considered personally responsible, when on duty, for seeing that another doctor gets to the patient.

The Harrisburg plan is apparent-



"Sorry, the Doctor is in conferen . . ."

ly working well. It's obviously not the only way to provide an emergency call service; but it has proved a good way.

Plenty of Doctors

What really matters, though, isn't your *scheme* for getting men to man the service; it's *having* plenty of men always on tap. One Eastern society has a crackerjack call plan without a single line of defense—without, in fact, any system worth the name.

How come? Simply because a handful of doctors in the county *enjoy* emergency work. A couple of them say they'd rather do it than anything else!

One of these, a sober internist by day, has a special "prowl car" equipped with red lights and a siren; he uses it exclusively for answering night emergency calls. His tall figure, clad in pajamas and overcoat, is a familiar sight at scenes of accidents in the area.

Telling the Public

Once your emergency call program has enough doctors ready and willing to answer calls, it has taken a giant step toward success. But it won't go far, obviously, if the public doesn't even know it exists.

Many societies find it sound policy to release information to the newspapers at regular intervals, just to keep the citizenry informed of the program and its activities. Such releases are felt to be most effective if they touch lightly on how the service works and if they include a human-interest story or two (with the names deleted, of course).

But the press release is only one way of publicizing your work; there are a variety of others. Among them:

¶ Kings County, N.Y., doctors have seen to it that a small notice giving the service's phone number is posted in every drugstore in Brooklyn. (In addition, a local newspaper provides free space each month for an ad explaining how to get a doctor in an emergency.)

¶ The Scott County (Iowa) Medical Society distributes a handsome booklet to newcomers through the Welcome Wagon service. Stressing the advantages of having a regular doctor, the booklet also gives full directions for calling the emergency service.

¶ At least one county society in California has publicized its service with spot radio announcements.

In some locales, it's believed that a small ad in the yellow pages of the phone book does the trick nicely. One Middle Western association with a four-year-old service has provided no other publicity since the program was begun. And when asked whether local doctors really felt this was enough, a spokesman for the society said, confidently: "Sure it is. Everybody in town knows about our service."

But was his confidence justified? Well, when reporters stopped twenty-four people at random on the city streets, only seven of them had heard

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of the service, even vaguely! (Among those who had not: an architect, an insurance broker, a teacher.)

Only four of the twenty-four said they would think of calling the association's emergency call bureau if they couldn't get their own doctor in a hurry. The rest said they would probably phone the police or keep calling doctors at random until they got one.

So if you want people to be aware of your program—and to use it—you'd better not depend on a phone book alone to get the word around.

Overuse a Danger?

A few physicians are strongly opposed to publicity for emergency services not because they smugly believe that "everybody knows," but because they feel the public should not be made too conscious that such programs exist. Laymen in general, say these doctors, may well abuse and overwork a highly publicized plan.

"I think it's dangerous," says a San Francisco G.P., "to get patients in the habit of calling the emergency service for a so-called crisis that *could* wait till next morning." And a Minneapolis medical man complained, not long ago, that "the public seems to think emergency panel doctors sit around all night like firemen, waiting for a call."

But most experienced doctors disagree. They point out that the public rarely abuses a well-run emergency call service. As proof of this, consider a study made in New York County in 1952: An investigation of some 2,500 consecutive emergency calls revealed that about 90 per cent were thoroughly legitimate.

On the other hand, there's the story of a good-sized Southern town whose doctors refused to publicize their emergency service for fear of abuse. Even the police weren't let in on the secret—or so it seems.

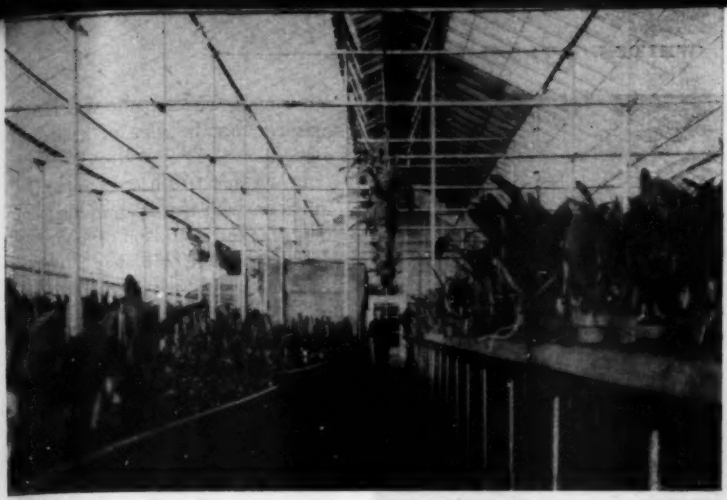
Then, last winter, at the scene of an auto accident, a young patrolman went right down the yellow pages of the phone book calling doctors. As a result, shortly afterward, several M.D.s converged simultaneously on the spot.

Only one of them was needed. But *all* of them were irritated. So now they're helping to spearhead a drive to make their society's emergency call program known to every man, woman and child in the county.

What Is an Emergency?

Even when police and patients learn to call the service in an emergency, doctors may still get routed out unnecessarily. For, as you well know, physician and patient often have very different ideas of what constitutes an emergency.

Which brings us to our third ingredient for success: The right kind of program at least makes an effort to find a way of winnowing out false alarms. Otherwise, disgruntled doctors may become totally uncooperative doctors. [MORE ON 246]



White Coat, Green Thumb

These two Southern doctors nursed a love for orchids into a burgeoning $100,000 hobby

By Edwin N. Perrin

● Unlike some leisure-time avocations, which eat into the annual budget, orchid-growing can pay for itself. In the capable hands of two Washington, D.C., physicians—Edgar McPeak and Henry Spencer—it does even better.

Kensington Orchids, Inc., their $100,000 horticultural company, has grown so rapidly that it may well dominate the Washington orchid market in a year or two. What's more, it's already showing a profit.

And here's how it all started:

Dr. McPeak, a veteran Washington radiologist, had been experimenting with orchids in his own greenhouses



FIRST PRIZE went to Dr. Henry Spencer (in a recent hobby show at Washington's Emergency Hospital) for this exhibit of rare orchids.

for twenty-five years. (From an original stock of two plants, he'd gradually built up first to one greenhouseful and eventually to three.) Then, one afternoon back in 1947, he met a youthful salesman for a Tennessee firm of orchid-growers.

The young man was a good salesman: Dr. McPeak bought several orchid plants. But as the two began to chat, the doctor proved that *he* was a salesman, too: He sold the other man, whose name was Henry Spencer, on the idea of a medical career.

It wasn't too hard, actually. Spencer, who was then in his twenties, was the grandson of a Virginia country doctor. He was a college graduate; and he had often thought of medicine. But his talks with Dr. McPeak—there were many of them after that first meeting—seem to have spurred him on.

In 1949, Spencer quit his job and enrolled in the Medical College of Virginia at Richmond. He kept in touch with the older man, of course. During his years as a student, in fact, he spent much of his spare time up at Dr. McPeak's, helping out in the greenhouse.

A friend has described Spencer as "the sort of fellow who probably, when he was six seconds old, tried to swing a business deal with the doctor who delivered him." Certainly he has a highly developed business sense. While still at school, he persuaded Dr. McPeak to try to make his hobby pay off.

With McPeak putting up most of the money, the two men bought several acres of land in Kensington, Md., just outside Washington. On it they built a 162-foot greenhouse, big enough to hold thousands of orchid plants and seedlings. (Present stock: 4,000 full-grown plants and 50,000 seedlings.) And this January they incorporated as Kensington Orchids, with Dr. McPeak as president and Dr. Spencer as treasurer.

They plan to build a second greenhouse in 1954 and a third soon afterward. They'll be able to use them, too. They now ship some 600 orchids a month—at an average price of $2.50 each—to Washington florists; and they hope to double that figure before long.

It's possible, in fact, that they'll more than double it. Anything seems possible when you consider the backgrounds of both.

Dr. McPeak, originally a Virginia farm boy, worked in coal mines and caught for a minor-league baseball team before graduating from the University of Virginia Medical School at 24. Now, at 52, he's a senior partner in Groover, Christe and Merritt, a radiological group that services four Washington hospitals.

And Dr. Spencer worked his way through both college and medical school. He figures that he earned some $20,000 (selling orchids by mail) during his four years at the Medical College of Virginia. This coming June, he'll finish interning at Washington's Emergency Hospital and will probably become a resident in Dr. McPeak's group.

Meanwhile, he's living in a cottage on the greenhouse property—and remodeling it with his own hands. To help feed his wife and child, he works in the greenhouse about ten hours a week on a straight salary basis. (Dr. McPeak, free from an interne's crowded schedule, puts in twenty-five hours a week.)

Do orchids interfere with either man's medical work? Definitely not. Medicine comes first, they insist.



FLOWERING "CATTLEYA," one of thousands of plants in the Kensington Orchids greenhouse, is examined by Dr. Edgar McPeak.

They've hired a full-time horticulturist to handle most of the routine jobs in the greenhouse. The doctors themselves prefer to concentrate on plant research, which was what interested them in the first place.

"Neither of us wants to make a *career* out of orchids," says Henry Spencer. "We're perfectly satisfied with a well-paying hobby." END

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Prize-Winning Designs fo

Here are five successful entries in one state-sponsored contest aimed at developing good, inexpensive buildings for small-town doctors

By Lois Hoffman

● Not long ago, the Rural Health Committee of the Indiana State Medical Association made what it considered an interesting discovery. It found that a number of physicians who think they'd like rural practice hesitate to take the plunge for only one reason: They dread the inadequate facilities to be had in many communities, and they don't see their way clear to providing good facilities for themselves.

Obviously, the committee decided, there's a wholesale need for guidance in planning adequate—and moderately priced—medical offices. Result of this decision: A recently completed state-wide competition for rural-office designs, jointly sponsored by the association and the Indiana Society of Architects.

To insure a certain measure of uniformity, a joint committee worked out some fairly rigid specifications for the competition (they're summarized on the facing page). The architects' society invited all its members to compete and even offered small prizes for the entries that best met all requirements.

Five of these, with estimated construction costs ranging from $17,250 to $20,000, are reproduced on the following pages. And, incidentally, they're now included in a booklet the medical association issues to physicians who contemplate settling in Indiana.

...ns fo...ural Offices

Specifications

In announcing their contest, Indiana's doctors and architects set forth the following admittedly arbitrary requirements for "a modern office for a rural doctor":

1. It must be located on a rectangular lot, with a frontage of 132 feet and a depth of 168 feet.

2. Landscaping and parking space are to be provided.

3. The building must be small—of one story only, and with no basement.

4. Wood, brick, stone, tile, or any combination of these materials may be used; but construction must be *economical* as well as sound.

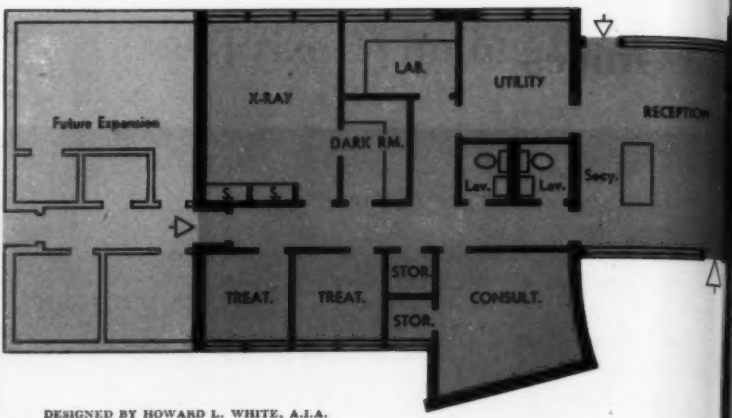
5. The building is to contain the following rooms, each with the indicated number of square feet:

Reception room	200
Secretary's office	50
Consultation room	100
Two treatment rooms (*each*)	60
Laboratory	56
X-ray room	150
Dark room	45
Two lavatories (*each*)	15
Utility and heater room	100
Storage space	50

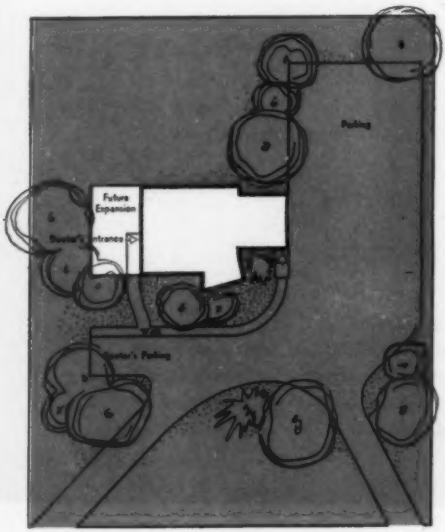
6. The design should include a plan for easy, natural expansion; and any such plan should provide for two additional treatment rooms and one more X-ray room. (The committee apparently felt that a large room designed to hold X-ray equipment could be easily transformed into an extra consultation room or what-have-you.)

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DESIGNED BY HOWARD L. WHITE, A.I.A.

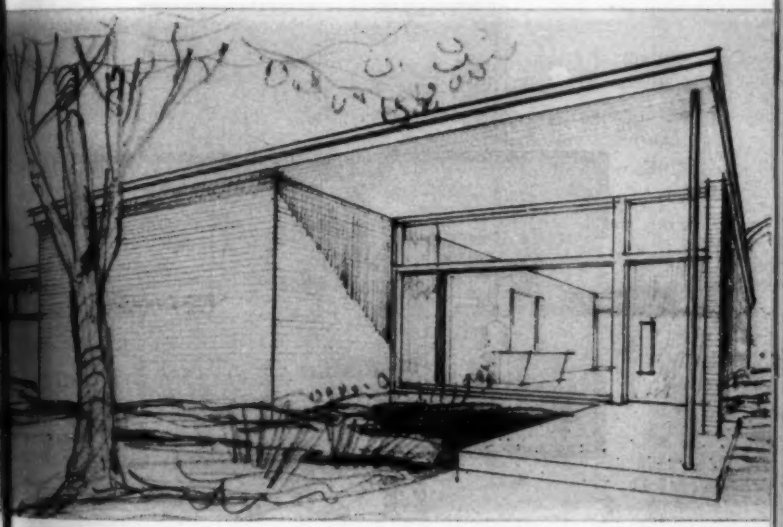




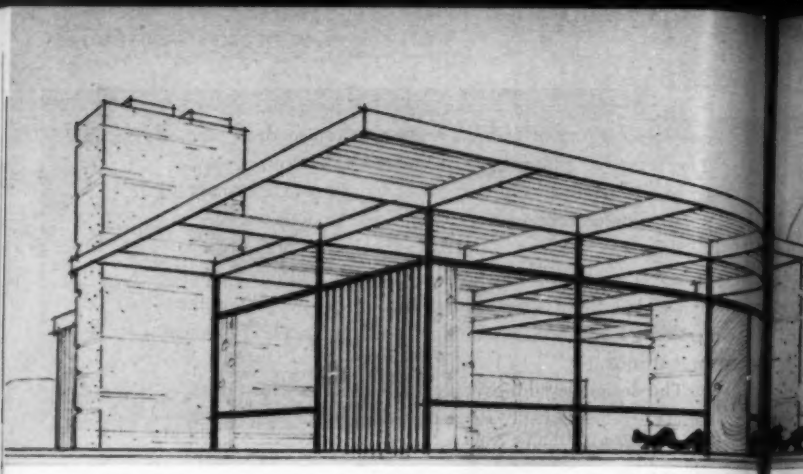
▶ Its efficient layout won this design first place in the opinion of a jury of Indiana architects and medical men. The compact grouping of utility room, laboratory, dark room, X-ray room, and lavatories would probably make such an office economical to build and to operate.

Note, too, the large windows at both ends of the reception room; they should give a pleasant feeling of open space. Yet there would be no lack of privacy, since the building is set well back on the lot and is shielded by trees and shrubs.

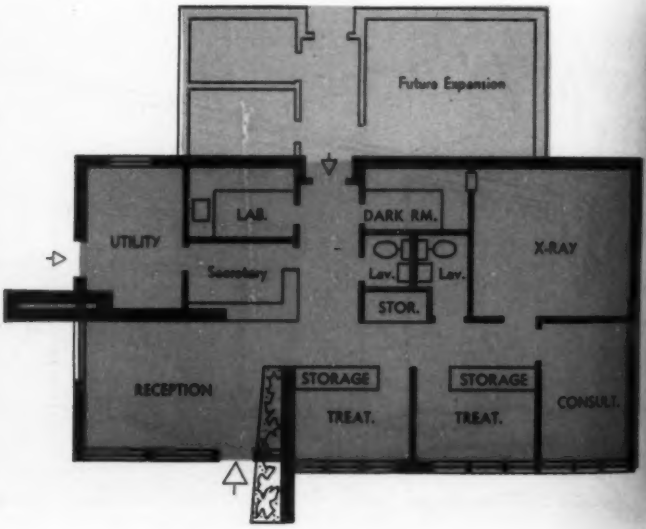
The design provides somewhat less privacy for the secretary, unfortunately, since her desk is in the waiting area. But this could be remedied through construction of glass partitions or a built-in counter.



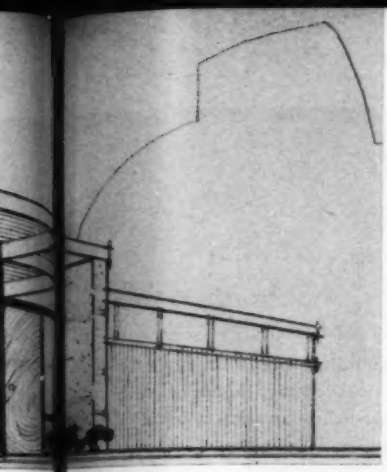
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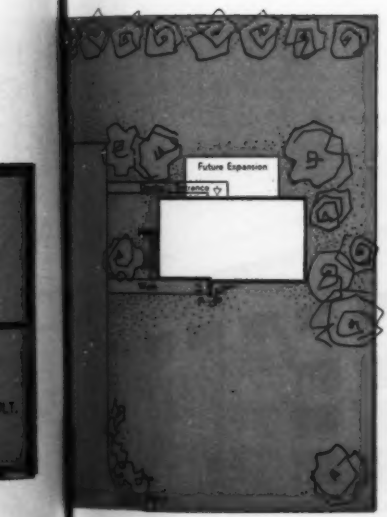


DESIGNED BY WESLEY P. MARTIN, A.I.A., AND JOHN H. JELLIFFE, A.I.A.



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▶ As a feature of the attractive entrance to this office, exposed wooden beams in the waiting-room ceiling are extended outside to form an overhang. And projecting walls on both sides of the entrance area nicely set it off from the rest of the building.

Note that the secretary, though well placed in relation to waiting room and corridor, is perhaps too far away from the consultation room. Most doctors, too, would probably want a door, rather than a pass-through, between X-ray and dark rooms.

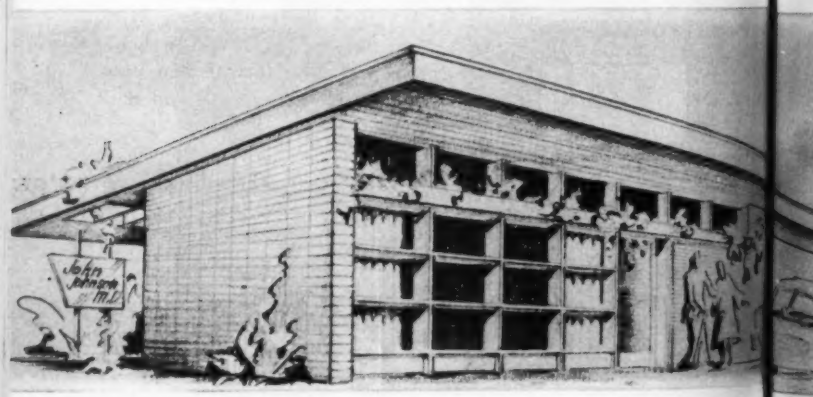
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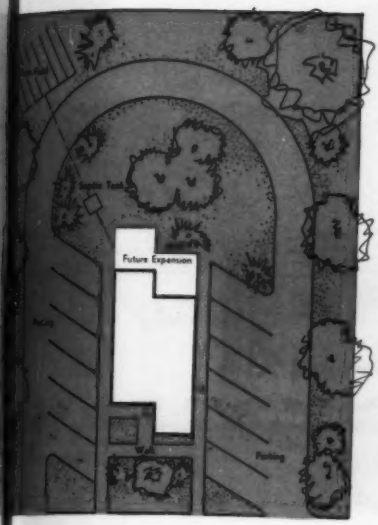
XUM

▶ One very practical feature of this layout: The service rooms are located well away from the front of the building. A second even *more* practical feature: Alone of all the designs submitted, this one indicates location of septic tank and drain field—an important consideration in rural areas.

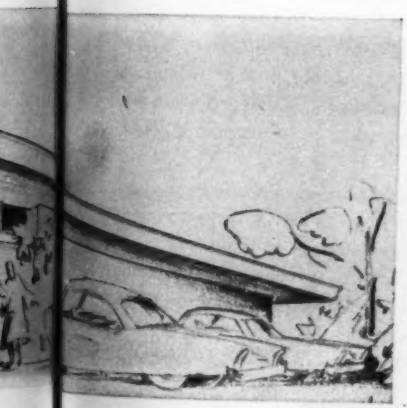
The jury apparently felt, however, that the building seems rather "heavy" in character and exterior appearance for a small, country office. And many doctors would undoubtedly agree.

DESIGNED BY PATRICK JOSEPH WEISHAPL, A.I.A.



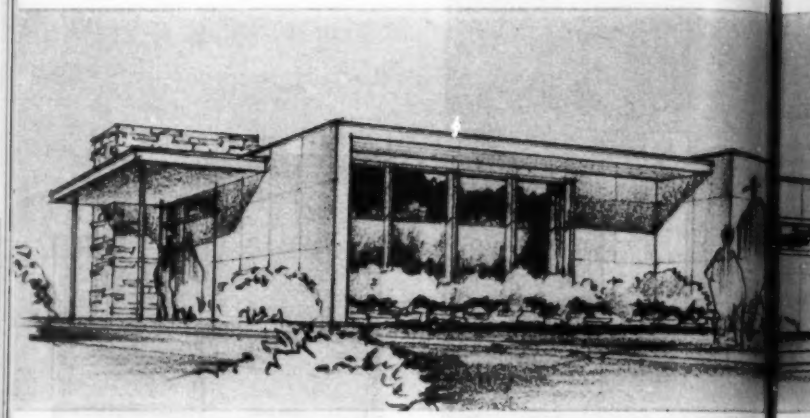

Future Expansion
Parking


Future Expansion
STOR.
UTILITY
Lav.
Lav.
LAB.
DARK RM.
S.
TREAT.
X-RAY
TREAT.
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Secretary
CONSULT.
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S.
RECEPTION



[MORE→

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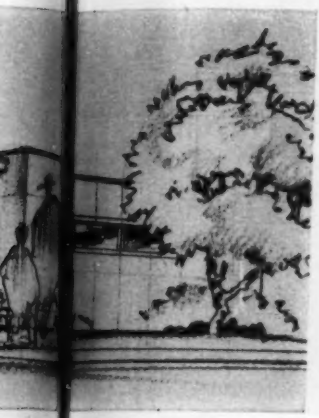


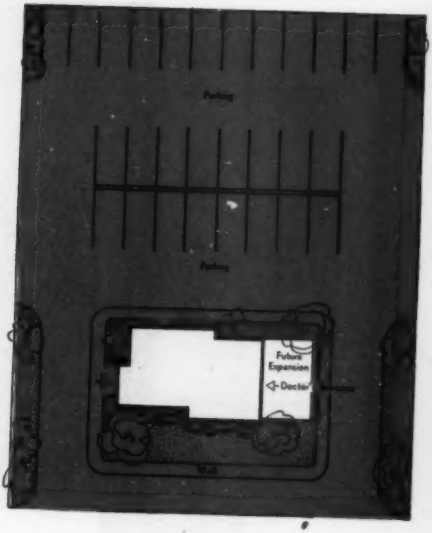
DESIGNED BY R. ROLL MCLAUGHLIN

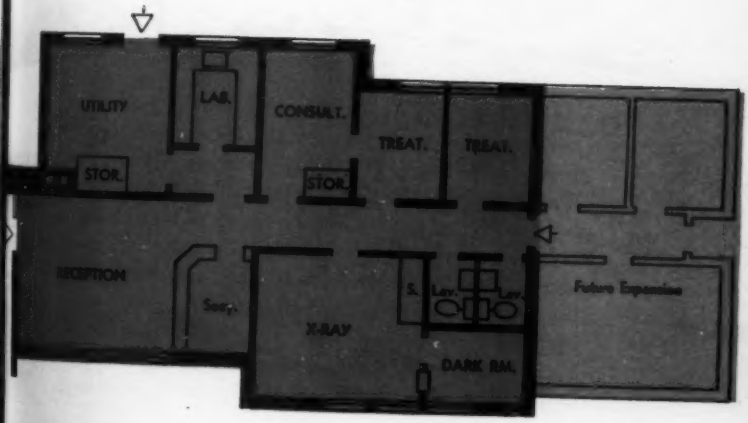
▶ Notice how, in this design, the space for future expansion is located conveniently near the present treatment and dark rooms. Given the inflexible specifications of the Indiana contest, this shows a fine sense of practical and economical planning.

Some inconvenience could arise, though, from the fact that the utility room and laboratory aren't so close as they might be to the other service rooms. And unless the medical man had an unusually large practice, he probably wouldn't want to devote such a large portion of the lot to parking space. The building could well be set farther back from the road, since few patients in rural communities are likely to walk to the doctor's office.

XUM

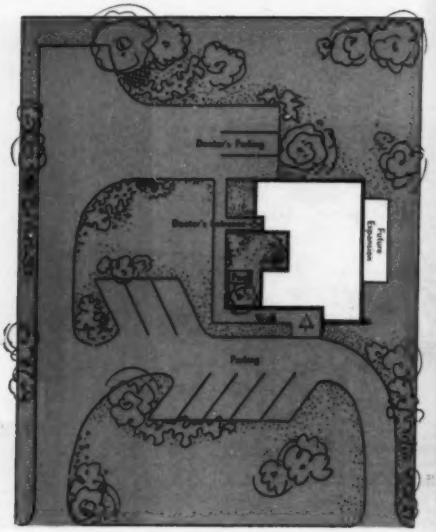


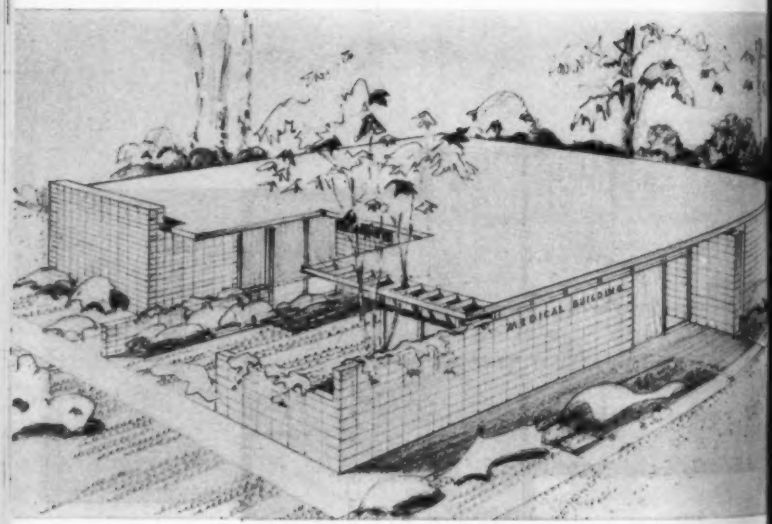

Parking
Parking
Future Expansion
Doctor

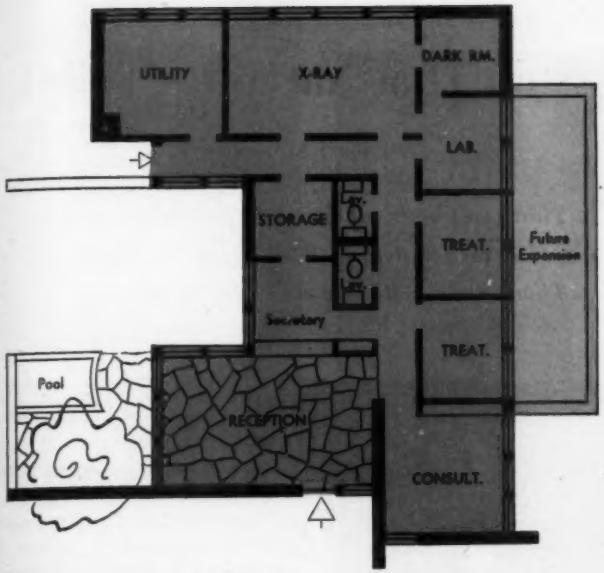

UTILITY
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TREAT.
STOR.
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RECEPTION
Secy.
X-RAY
S.
Lav.
Lav.
DARK RM.
Future Expansion

[MORE→

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Doctor's Parking
Doctor's
Future Expansion
Walk
Parking


MEDICAL BUILDING



DESIGNED BY HARRY E. COOLER, A.I.A.

▶ Here, waiting patients look out on a walled-in terrace and pool, rather than down the hall into the treatment and consultation rooms. And provision for the secretary's office is particularly good, since she has privacy with no loss of control.

Chief drawbacks to this design, as they were pointed out by the judges: Heating might prove costly, since the utility room seems rather isolated; and the inadequate plan for future expansion apparently shows a limited understanding of the problem. END

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Stop That Narcotics Thief!

By Harry J. Anslinger

Think you know all the tricks that addicts use in order to get drugs? Well, don't be too sure. There are new dodges every day in the week

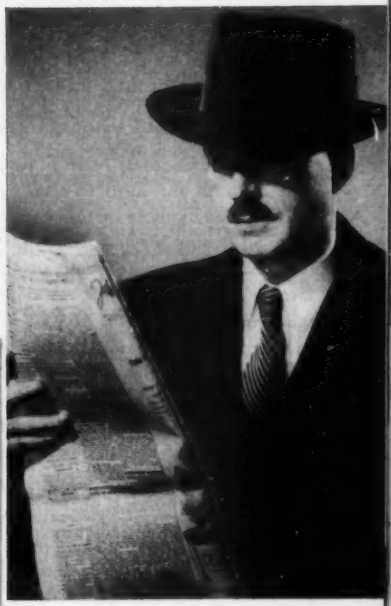


What are some of the more comm- ruses by which drugs are obtained? favorite trick is for the addict to tel phone a pharmacist (◀), pass himse off as a doctor, and order a narcotic- bearing compound. Or he may jimm the lock of a doctor's car door (▼) hoping to find drugs inside. Often, he



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the addict goes to a physician with a convincing recital of "symptoms" designed to win a prescription for narcotics (▲). Some individuals even make a practice of combing newspapers for names of deceased doctors (➤), then tell the widows they're narcotics agents come to impound the drug supply.

• Drug addiction—especially among young adults—is still a serious national problem.

Behind that fact lies an obvious warning to every doctor. For the physician's office is one of the first places an addict turns to in his never-ending search for narcotics.

Sometimes, playing on a doctor's sympathy, he'll freely admit that he's an addict. Other times, he'll take the greatest pains to hide his addiction. In either case, his

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MR. ANSLINGER is Federal Commissioner of Narcotics.

XUM

stock in trade is fraud, theft, and deception.

Despite his ingenuity, though, he seldom gets the sought-after narcotics without an unwitting accomplice. More often than not, the physician is his dupe.

The medical man who's forewarned about the addict's tricks is naturally less likely to be taken in by them. So it may serve a useful purpose here to describe some of the more ingenious methods used by people on the prowl for dope.

One of their most successful ruses is to feign illness. Often they reel off histories of such ailments as migraine and kidney colic. They may claim to have been under medical care elsewhere—hoping in that way to lull the doctor into making only a hasty examination. As part of their pitch, they may even recite the prescription for their old "medicine" (an Rx, of course, that invariably contains a narcotic).

One addict, complaining of shooting pains in his back, showed a doctor a scar from an old kidney operation. The doctor ordered X-rays taken. As the addict mounted the X-ray table, he slipped a pebble between the scar tissue and the table.

His plan was, of course, to have the pebble show up on the film. But in his case, at least, trickery didn't succeed; for, in a moment of carelessness, he let the pebble drop to the floor while the technician was watching.

Another addict, a lot more desperate, sliced some blood vessels under his tongue just before entering a doctor's office. The physician checked the bleeding—but wasn't taken in by the man's request for narcotics. Outside again, the addict threw himself in front of a slow-moving car. On his way to the hospital, he tried to filch narcotics from the ambulance!

Phantom Patients

Addicts often try to coax doctors into prescribing drugs for nonexistent patients. Recently, for example, an addict told a Wisconsin physician a convincing story about his seriously ill "wife." Accompanied by a nurse, she was on her way west, he said, from New York City. Would the doctor look after her when she arrived?

The physician agreed. The man returned the next day. His wife, he explained, had become too ill to continue her trip. She and her nurse had had to stop at a small town along the way. But she'd been given only enough morphine for the trip. Would the doctor make out a prescription he could send to the nurse?

Even at this point, the M.D. didn't question the story. So a few minutes later, the addict left the office with the precious Rx in his pocket.

Not all addicts are such persuasive confidence men. But many are talented in other directions. Some are excellent forgers; they're in business as soon as they've stolen an un-

suspecting doctor's prescription pad. Others resort to more direct methods—like burglary and armed robbery.

Addicts sometimes work in teams. Not long ago, for instance, an attractive woman of about thirty showed up at the office of a Minnesota G.P. With her was a pasty-faced man she introduced as her father. After identifying herself as a nurse, she said that she'd just brought "Dad" in from South Dakota. She then produced a note—ostensibly written by his old family doctor—explaining that the man had an inoperable cancer and needed morphine periodically.

The doctor wrote out a prescription without examining the patient. A week later, the woman telephoned to say that her father needed more morphine. The M.D. penned another prescription, which was picked up that night.

Incredible as it sounds, this continued until the physician had prescribed a total of 3,130 half-grain morphine sulphate tablets! By that time the Narcotics Bureau was onto the woman's game (though the doctor still hadn't caught on).

Widows Victimized

To make her scheme work, this woman had to find a gullible physician. Other addicts rely on the gullibility of doctors' widows.

In a large Eastern city, a group of addicts recently came up with this plan: They regularly scanned the obituary notices for names of deceased doctors, then passed themselves off to the widows as narcotics agents. Aided by forged papers, they attempted to take the physicians' office supplies of narcotics "into custody." They worked the plan successfully more than a dozen times before they were caught.

Another common trick is for an addict to masquerade as a doctor. In one variation of this ruse, the addict telephones a druggist, identifies himself as Dr. So-And-So, and orders a narcotic compound sent to a specified address. He promises to drop the prescription off in the morning.

When the drug is delivered, the addict meets the deliveryman outside the door—posing this time as a relative of the "patient." By the time the druggist asks Dr. So-And-So whatever happened to that prescription, the damage has been done.

This scheme succeeds only because both addicts and druggists know that doctors often telephone an order for a narcotic, promising to send the prescription later. True, the druggist who complies with such an order is breaking a Federal law; but that doesn't absolve physicians from their share of the blame. In my book, at least, the doctor who makes a habit of telephoning narcotics prescriptions is guiltier than the pharmacist.

The druggist may feel that he can't risk offending the physician. So he decides to send the narcotics and get the prescription later. Most

of the time, the request actually is from a real doctor. It's the exception that plagues the Narcotics Bureau—and that's less exceptional than it should be.

Despite problems like these, the last thing we want to do is to impose more restrictions on physicians. As a matter of fact, we would have no objection to an appropriate amendment to the Federal narcotics law to permit the filling, under certain conditions, of oral prescriptions that call for compounds of certain narcotics. But this would apply only to compounds that have little or no potential for creating or gratifying a drug addict.

We're definitely opposed to any plan to legalize oral prescriptions for the potentially dangerous narcotics. Such a move, we feel, would inevitably play into the hands of drug peddlers and addicts.

We're also opposed to suggestions that physicians be allowed to prescribe narcotics to satisfy an addict's craving. At present, of course, the law—not to mention medical ethics—specifies that the doctor prescribe narcotics "in the course of his professional practice only."

We maintain that the treatment of drug addicts does *not* belong in the province of the private M.D. An addict needs institutional care. If he refuses hospitalization, the physician is ethically justified in refusing his case. Above all, the addict should never be given drugs for self-medication.

Even getting a promise that an addict will seek hospital care is, of course, no guarantee that he will actually go through with it. In Baltimore recently, one addict invented delay after delay for four months, receiving morphine all the time from a sympathetic doctor.

This deception was uncovered when a narcotics agent made a routine check of druggists' files. But we're not always so lucky. To do the best possible job, we need *your* help. Here are some ways you can cooperate:

1. Safeguard prescription pads.
2. Write prescriptions for narcotics in ink, and sign them only upon issuance to patients.
3. Write prescriptions for narcotics *clearly*—and in such a way that the amount of a drug can't readily be changed.
4. Store narcotics where patients (and thieves) can't get at them.
5. Don't keep a larger supply of narcotics on hand than you really need.
6. Don't leave narcotics in your car—even if it's locked.
7. Keep a record of all the narcotics you dispense.
8. Don't ask a druggist to issue narcotics except on presentation of a written prescription.
9. Lastly—and most important—keep an eye out for suspicious requests for narcotics. The moment your suspicions are aroused, get in touch with your local narcotics agent. END

Toys for *Your* Office?

Have some, by all means, says this doctor; but keep a weather eye out for durability and safety

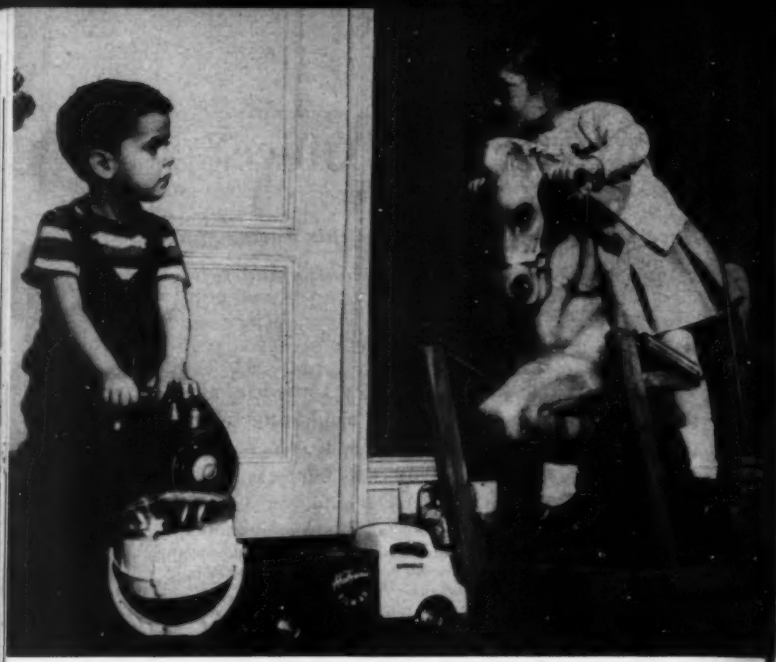
By Milton I. Levine, M.D.

• When I began to practice pediatrics, I was determined to keep a supply of toys always on hand in the office. I felt—as I still do—that a well-stocked play corner is essential, not merely for men in my specialty but for *every* doctor who treats children. [MORE→

DR. LEVINE, *who is associate attending pediatrician, New York Hospital-Cornell Medical Center, has also served for some years as a member of the Advisory Committee of the American Toy Institute.*



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NO RESTLESS CHILDREN in Dr. Levine's waiting room. Trucks, a locomotive, and a hobby horse help keep the small fry amused.

It's a self-evident fact that toys help reassure the frightened child. They also keep him amused if, for any reason, he has to wait around. And they often make him want to come back.

So they're really a necessity; and if you've got enough room you can't go wrong in having a supply of dolls, trucks, and teddy bears. You'll be doing a service to yourself and your adult patients, too, if the small fry are kept quiet and occupied.

But I soon found that it was costing far too much to give the little ones their fun. Toys were constantly being broken within moments of their introduction to my office; or I had to throw them out because they proved to be dangerous or otherwise undesirable. As a result, I began to experiment with all types of toys.

After years of such experimentation, I no longer choose playthings haphazardly. Through testing literally hundreds of toys, I've come to some fairly solid conclusions as to the standards they should meet.

First of all, today I judge a toy not on its intrinsic merit but on its *general suitability* to a doctor's office. Obviously, for example, the less noise the better.

Some years ago, I bought a fairly large and realistic fire engine, complete with bell and siren. It *always* seemed to be going full blast. After two harrowing days, I disconnected the siren and deadened the bell. Otherwise, I'd probably have lost my aide and wrecked the nerves of a number of patients.

Is It Too Big?

If the sound of rolling toys is bothersome, by the way, you might want to follow the example of a number of pediatricians: Cover your floor with a thick rug, which will not only prevent wheeled toys from scooting about, but will also help deaden the noise.

Almost as unsuitable as the noisy toy is the oversized one (unless, of course, it's confined to a separate playroom). One enormous doll carriage or locomotive can make the average reception area difficult to navigate.

And one more word on general suitability: Jigsaw puzzles, games, and construction sets, though noiseless and unobtrusive, have a major disadvantage: The child often resists having to leave them half-finished when it's his turn to see the doctor. Besides, essential parts are too easily lost—often by finding their way into children's pockets.

Just as important as all-around suitability for the office is *suitability for the individual child.* So I try to have a wide variety of toys for all types and ages.

Many manufacturers carefully gear their products to the developmental needs of specific age groups. As a result, it's quite easy to make a selection to cover the interests of most small patients.

The older infants and toddlers who turn up in my office seem to be especially fond of a little wooden ferris wheel with four brightly colored blocks that whirl around when struck. They also enjoy such tried-and-true old friends as pull-toys, stuffed animals, and soft dolls.

Elaborately dressed dolls with "real" hair, incidentally, can't be left in the waiting room; the younger children would quickly pull them apart. So my nurse keeps a few stowed away and passes them out only to the older girls.

As for the boys: Well, you can't go far wrong with small replicas of well-known trucks and airplanes. And the older ones are fascinated, I've learned, by a small pinball game that lights up when the player makes a score. It takes no time at all to play; and the one I now own is comparatively noiseless.

As I've already hinted, the durability of a toy is of prime importance, since not one child but dozens may handle it every day. So the toys the doctor buys should certainly be built to survive a really incredible

XUM

amount of mauling, abuse, and childish curiosity.

I once acquired a seemingly indestructible rocking horse. After two days, though, it had lost its leather ears, its stirrups, and its tail. Soon it was a wobbly imitation of the old gray mare. As a result of such experiences, I'm now convinced that good material and workmanship are worth whatever they cost.

It's usually true that the quality of a toy is reflected in its price (which is, of course, tax-deductible). So spending a few dollars more at the outset is likely to prove an economy in the long run.

And the better toy has an added advantage in that it doesn't generally duplicate playthings the children have at home. (For example, one of the favorites in my office is an unusual truck-trailer combination, with a four-inch, movable Hollywood spotlight—in which I use up old, weak batteries from my otoscope.)

Tests have proved that durability depends on many elements. One thing to look for is the *kind* of material used. Close-grained hard wood that has been sanded and waxed, for instance, will hold up under a good deal of pounding, chewing, and throwing.

Next, in examining a toy, it's wise to try to see how it's been put together. For example, look for rivets and drive screws. (These provide the good type of construction that helps keep vital parts in place.) Or test wheels to see [MORE ON 234]

If Doctors Advertised

● Advertise? You'd seem ... caught taking part in a chiropractic convention.

But let your fancy take a gallop. Suppose medicine's rigid ethics suddenly turned rubbery and doctors were permitted to buy space in magazines and newspapers, plaster slogans on billboards, even to fill the air waves with jingles. What might be the result?

In answer, two uninhibited admen, Clare Barnes Jr. and Victor Bloede, have concocted a sample series of advertisements, three of which appear on these pages. (The full set can be found in the current issue of Pageant.)

Do these creations look slightly familiar? We're assured by Messrs. Barnes and Bloede that any resemblance between the products of their make-believe advertising agency—they call it Hippocratic Associates—and the regular output of the ad lands is sheer, malicious coincidence.

For a Treatment instead of a Treat!





**"I'm a medicine man!
I cure just one thing . . . PEOPLE!"**

[MORE→



On the playful theory that selling doctors might resemble selling asparagus, ad

(TV COMMERCIAL)

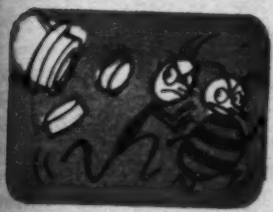


Announcer: (in hearty confident tone a la Arthur Godfrey—with ukulele)

♪ Dr. Johnson knows a lot...



Three degrees ...that's what he's got... ♪



Cures you faster, better, too... ♪



Dr. Johnson is the Doc for you! ♪♪

let their minds gambol from the sophisticated to the melodious. END

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Hospitals Woo Patients

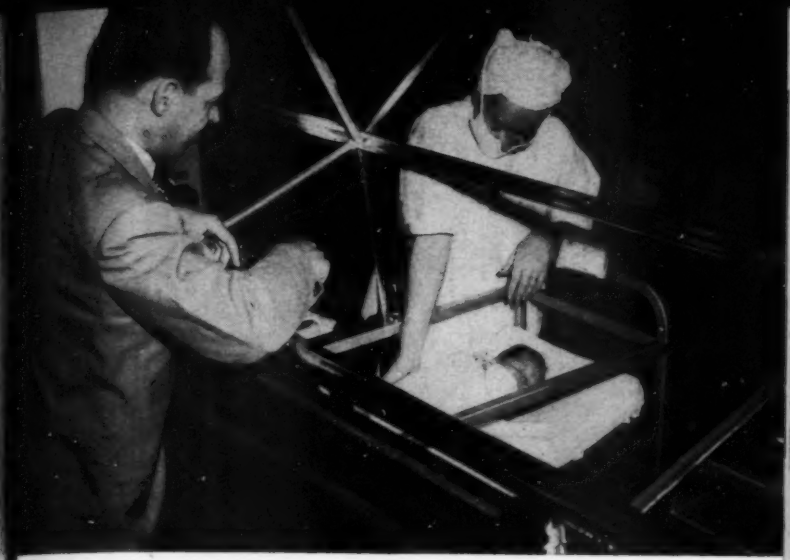
. . . with a growing assortment of gadgets

● While it's true, as Polly Adler might say, that a hospital is not a home, a lot can be done—and without imposing on hospital personnel—to make life for the hospitalized patient more bearable. The patient's needs are many, yet often simple. It takes time to satisfy them—expensive nursing time. So, since time isn't always available, more and more institutions are installing gadgets to fulfill simple needs. Result: Patient morale improves, and nurses are freed for more essential work.



'HUSH BOX' has it all over booth for the wheelchair patient who stops in the corridor to make a telephone call to her family or friend. Soundproofing of unit gives remarkable degree of privacy. (Hush boxes make money, too. One New York hospital netted $1,000 from them last year.)

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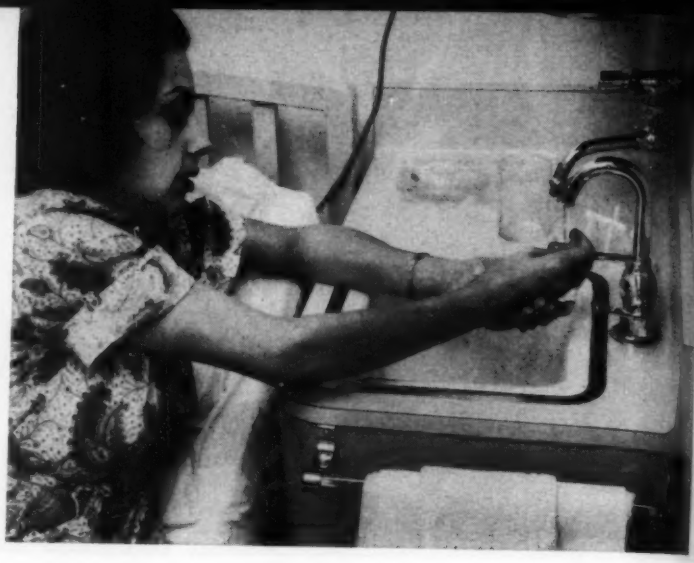
FATHER needs special consideration —and of course wants a good, close look at the newborn. Here's a simple answer: a nursery window that slants over bassinets, so that infants can be wheeled within inches of the visitor. Dad is happier and so is the nurse (likewise the undisturbed infant).



MOTHER can pull the bassinet to her bedside in a drawer. Later she can push it back through the wall into the adjoining nursery. (This automatically signals the nurse). When visitors arrive, they can see the infant from the mother's room through the specially provided viewing window.

[MORE→

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HANDY BASIN often makes it unnecessary to call the nurse when hands need rinsing. This bedside unit also has running ice water and space for toothbrush and cosmetics. Even if the patient is unable to help herself, the nurse can lend a hand more easily.



PRIVACY, when the patient wants it, is a minor problem if her room has electrically controlled draperies. By pushing a button she can shut out the sun and completely drape the window.

BEAUTY SHOP on wheels comes to rescue of bedridden damsel. This unit is complete with hair dryer, electrical outlets, compartments for linen, and 101 creams and lotions. Manicure? Pedicure? Coming up. But these services by appointment only.

[MORE→

XUM



MUSIC DURING SURGERY, when general anesthesia is not used, can ease tension and distract the patient pleasantly. Tunes are tape recorded and transmitted by earphones [▲]. Volume is kept low and is easily controlled. Back in bed [▼], the patient hears radio programs through a pillow speaker that brings both A.M. and F.M. reception.



XUM



ASSEMBLY-LINE food service delivers hot victuals to patients quickly. Preheated glass serving dishes are placed in metal bases that surround them with an insulating air space. Then conveyor belt whisks dishes to a loading area. Result: One of the commonest complaints of patients ("Food's cold again!") is eliminated. END

XUM

How Does Your Lawyer Set His Fees?

The mysteries of legal fee arrangements aren't so strange, after all: You can often judge the value of a certain service if you're aware of what lawyers in general think it's actually worth

By Michael Fooner

● When his lawyer billed him $225 for services connected with the sale of a house, a Midwestern doctor hit the ceiling. He knew that the same lawyer had charged another M.D. only $100 for a similar transaction.

What he didn't know—but found out later—was this: The lawyer's title search had turned up several liens against the doctor's property, which he'd inherited from an uncle. It had taken extra work to clear them up before the sale could be completed. Thus the high charge.

For the most part, as in this case, legal fees are fair and unpadded. There are a small minority of fee gougers among lawyers—just as there are among physicians. But chicanery is far less prevalent than you might think.

How can you tell whether or not a specific charge is exorbitant? That's not an easy question. But you can get clues to the answer if you know something about how lawyers set their fees.

Such knowledge can pay dividends, too. It can help you to shave your legal expenses, to get better legal services, and to make your dealings with lawyers generally more pleasant and productive. [MORE→

What, then, are the ways in which lawyers decide how much to charge?

For some types of legal services, to begin with, fees are fixed by law or are pretty well governed by custom. In inheritance matters, for instance, the set fee is usually a percentage of the value of the estate, and the percentage decreases as the value increases.

Knowing this, you can employ the best lawyer in town at no extra cost. And because he can look forward to a fixed sum as attorney or administrator for the estate, he may be willing to handle your other legal affairs at a lower-than-ordinary fee.

In many localities, similarly, fees for real estate dealings are more or less pegged at a percentage of the property's selling price. Often, there's also a standard charge, locally, for the preparation of documents—deeds, leases, bills of sale, simple contracts, powers of attorney, etc.

Fees for the collection of overdue accounts are generally on a percentage basis, too; and the percentage isn't likely to vary according to locality or individual lawyer. Most such fees are based on the rate system recommended by the Commercial Law League of America.

Naturally, if a lawyer has to put in more than an average amount of work, he feels free to charge more than the customary amount. But he should be both willing and able to justify the higher fee.

When neither the law nor custom prescribes a fixed charge for a specific type of service, the lawyer may ethically base his fee on one or more of several factors. First of all, he may ask himself this question: "To what extent has the client benefited from my legal aid?"

Thus, if he has won you a sizable chunk of money in a law suit, he expects a sizable fee. But he's often unable to predict the outcome of a tax case or a damage case, say, beforehand. So he may charge a "contingent" fee

XUM

—or one that will depend on how well things turn out.

Unhappily, this type of fee has proved a booby trap for more than one unwary doctor. Consider the case of a Michigan specialist:

The court awarded him $5,000 for injuries he'd suffered in an auto accident. But his lawyer, after collecting the money, sent him a check for less than $2,000. It developed that the lawyer had taken 50 per cent of the award as his fee—and had, besides, deducted all legal expenses of the case from the doctor's 50 per cent. A not particularly ethical stunt, maybe. But strictly legal.

One-Third Is Fair

Bar associations and responsible attorneys generally agree that contingent fees may range up to about 33 per cent, depending on the difficulty of the case and the chances of winning it. Only in unusual circumstances is a higher percentage justified, in their opinion.

In New York, for example, the bar association has declared it *improper* for lawyers in personal accident cases to take more than 35 per cent of the net recovery, after expenses. If the lawyer believes a higher percentage warranted, he's cautioned to get court approval. And in no event is he supposed to charge more than 50 per cent.

In some kinds of law suits, it's common practice for the lawyer to take one-third of the award only if there's a trial; if there's an out-of-court settlement, he gets one-fourth. These percentages do vary, of course, according to locality.

Sometimes, however, it isn't primarily a question of money. That is, the law suit may be of little importance financially, but of great importance to the doctor's reputation and prestige. In such [MORE ON 235]

Lady in Waiting

The lady says, Never! It just couldn't be!
(The doctor's a trifle suspicious.)
The lady says, No! It can't happen to me!
(Disbelief would appear injudicious.)

The doctor, however, remains unimpressed;
And, to give recollection a jog,
He hands her instructions for making a test.
(The decision is up to a frog.)

—EMILY BARNHART

Choosing a Location: What Part of the Country?

Follow your heart, if you like. But before you change states, you'll do well to ponder such considerations as taxes and population trends



By Don Cameron

• In searching for a suitable location, one of the earliest steps, obviously, is to choose the general area in which you want to live and work. For some doctors, this presents no problem.

Take the G. P. who recently set up practice in northeastern Wisconsin. "I grew up in this neck of the woods," he says, "and I never expect to leave."

Or consider the pediatrician who recently moved from the Midwest to a small New England city. "I've liked this section and its people ever since I went to college nearby," he explains. "I thought I was better off practicing elsewhere, but I've always spent my vacations here. Now, after eighteen years, I've come back to stay—and it's working out fine." [MORE→

**This article is the third of several on the subject. Such questions as how to judge specific communities and how to pick an office or home site will be discussed later. Material for the series has been drawn from many sources—among them the A.M.A. Physicians Placement Service, the directors of state and local medical society placement programs, and a survey by* MEDICAL ECONOMICS *of the personal experiences of several hundred doctors who have relocated within the last year or two.*

But suppose that, unlike these doctors, you don't have your heart set on *any* particular region. How do you go about choosing between North and South, East and West?

Naturally, personal considerations come first. If, for example, you're the type that exults in the frigid blasts of a North Dakota winter, you'd possibly wilt in the dead heat of a Mississippi summer. Or if the smell of salt water sets your wife's blood tingling, she might not appreciate the dusty winds that sweep the Great Plains.

And don't forget that deep-rooted folkways are still with us, even in this age of mass communications. A man steeped in the cultural tradition of New England may find refreshing novelty in the somnolence of the Southern bayous or in the breezy informality of the Western heartland. But he'll do well to reflect on the fact that novelty is the least durable of commodities.

Not that it's always hard to adapt to strange surroundings. Scores of the hundreds of doctors questioned for this series of articles have found satisfaction in rural districts after years of city practice, or vice versa.

On the other hand, however, nearly 40 per cent of the above M.D.s—all of whom have changed their locations within the last couple of years—are already dissatisfied with their present posts or have made this latest move because of dissatisfaction with an earlier choice. Clearly, then, caution is advisable.

What are some of the other problems, besides personal considerations, that you should think about before deciding on a general area? There seem to be four basic factors: (1) licensure regulations, (2) the tax picture, (3) the economic outlook, and (4) population trends. And each of them is bound to affect your final choice—if, that is, you *really* look before leaping.

Licensure Regulations

Since, naturally, you can't practice without a license, you'll want straight answers to the following questions:

¶ Is there reciprocity between the state in which you're now licensed and those in which you're interested?

¶ If not, can you count on obtaining a license by endorsement of your credentials?

¶ Would you have to pass a basic science examination as a preliminary to licensure?

The Tax Picture

Regardless of whether or not it collects a personal income tax, a state nowadays is likely to demand a hefty chunk of your earnings—the largest single bite often taking the form of a sales tax.

The average state tax burden per person in 1952 ranged from a low of $35.83 in New Jersey to a high of $102.72 in Washington. High-income people, of course, had to pay considerably more.

So you'll want a good view of the tax picture before moving. To find out what you're in for in a particular state, you can contact its department of taxation.

The Economic Outlook

As you know, the cost of living differs in different areas. If money is important—and when isn't it?—you'll certainly bear this fact in mind. Moreover, you won't forget that physicians' net incomes vary greatly in various sections of the country. On the average, they're highest in the West and lowest in the East. Here are the latest figures for regional* and national averages, based on the Seventh MEDICAL ECONOMICS Survey:

Far West	$17,900
Central	16,928
Northwest	16,431
Southeast	16,048
Southwest	15,947
Entire U.S.	15,262
Middle East	12,938
New England	12,158

Averages like the above, while convenient for general comparisons, aren't binding on individuals, of course. Both the top 7 per cent of doctors (those who netted more than $30,000) in the Seventh Survey and the bottom 7 per cent (those who earned less than $5,000) were scattered through all the geographical regions. But your chances of doing well—or not so well—are at least partially predicted by the above figures.

Population Trends

Another partial guide to opportunities for a doctor in any state or region can be found in population trends. But there's more to it than simply noting where people are going and following the crowd. You've got to know what *kind* of people they are, what's attracting them, and what specific conditions they're creating—this last, usually, within the limits of a single state or smaller area.

You can get some idea of the diversity of possible situations by glancing at the three fastest-growing states in the U.S.—California, Arizona, and Florida.

All of them have one thing in common with most other states: Their metropolitan centers already support about as many doctors as they conveniently can. Otherwise, the three states present very different pictures to the location-seeker.

California finds the bulk of its incoming residents divided roughly among elderly semi-retired or retired people and younger technicians and workers drawn by the coastal industrial communities. Among these communities are many

*FAR WEST: Calif., Nev., Ore., and Wash.; CENTRAL: Mich., Ohio, Ind., Ill., Wis., Minn., Iowa, and Mo.; NORTHWEST: N.D., S.D., Neb., Kan., Mont., Wyo., Colo., Idaho, and Utah; SOUTHEAST: Va., N.C., S.C., Ga., Fla., Ky., Tenn., Ala., Miss., Ark., and La.; SOUTHWEST: Okla., Tex., N.M., and Ariz.; MIDDLE EAST: N.Y., Pa., N.J., Del., Md., and W. Va.; NEW ENGLAND: Me., N.H., Vt., Mass., Conn., and R.I.

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good openings for medical men.

Out-of-state medical licenses are accepted at the discretion of the examining board; and the state and county medical societies have a policy of welcoming doctors who want to practice in communities that need them. There's no basic science law.

The Arizona Scene

Arizona, California's neighbor, has a much greater need for doctors. This is particularly true in the small manufacturing cities and mining towns that are springing up and flourishing everywhere.

These opportunities, of course, are far from limitless. Arizona's population is a whopping 50 per cent larger than it was ten years ago; but it's still well under a million.

There's a basic science requirement, incidentally. Certificates acquired in other states for equivalent subjects are accepted, though; and physicians licensed before 1936 are exempted. Endorsement of licensure is at the medical examining board's discretion.

Walls Around Florida

Florida, with the great majority of its new citizens living in retirement on pensions or modest incomes, and with its [MORE ON 252]

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"Now then, does that solve your problem?"

Negotiating an Industrial Medical Contract

Before you agree to provide medical services to an industrial plant, here are the things on which you'll want to reach a clear, written understanding

By Michael Fooner

• So you plan to accept a part-time job in industry? Then you'll do well to negotiate a written contract with the management.

A well-thought-out agreement includes such basic points as working hours and pay, title, assistants, and facilities. I'll take up these points one by one:

1. Time and Money

In days gone by, the part-time industrial M.D. did little more than make physical examinations. These, plus an occasional accident case, were handled right in the doctor's office, often along with his regular practice. Pay was generally on a per capita basis.

But today's part-time plant physician fills a different and more demanding role. Everything from conducting safety tours to attending meetings with top management now falls to his lot. In fact, any doctor who goes into industrial work still harboring the old-style concept of it may have a rude awakening.

Recently, for example, a young New Jersey G.P. accepted a $2,300-a-year post with a chemical plant employing about 100 workers. Assuming that his activities

would consist largely of pre-employment and annual physicals, he calculated that he'd spend less than three hours a week at the job. On that basis, his compensation figured out to about $15 an hour—considerably more than he was earning at his regular practice.

But he soon found the work a lot more time-consuming than he had anticipated. There were all sorts of records to fill out, all manner of reports to compose. As the plant's medical director, he was expected to take part in frequent discussions with company officers on health and safety problems. He had to represent the company in dealings with state and local health officers. And so on.

Result? He resigned. And the exchange of words that occurred at the time did him little good in the community.

How Many Hours?

How much time, then, *should* a doctor allow for a part-time industrial job? Three hours a week is often mentioned as the *minimum* for a company of 100 employes. Yet such a time allowance permits covering only the barest essentials.

In larger companies, it's common for the part-time physician to spend two or three hours a day at the work, three to five days a week. Generally speaking, a plant of 2,000 or more employes needs either a full-time doctor or the equivalent in part-time men.

When a physician agrees to give a plant a set number of hours a week, he's generally paid on an hourly basis. These days, he frequently makes at least $10 an hour.

Sometimes a serious effort is made to gear his hourly payment to his private-practice fee schedule. Thus, a doctor who charges $5 for an office call may be paid $30 for a two-hour stint of industrial practice (on the theory that he'd otherwise see five private patients during this period—with an additional allowance for time spent traveling to and from the plant).

2. *Title*

Even if you're to spend only a few hours a week at your industrial post, it's well to have your place in the company's administrative hierarchy clearly defined before you start there. If possible, have the company agree to recognize your service as a "department" and give you a title, such as "medical director."

There's more to this question of title than personal vanity. For you have to be called *something;* and it will serve you better in your various dealings—both inside the company and out—to be known as the "medical director" rather than the "company doctor."

Safeguarding Ethics

Having a formal status may also help you sidestep unwarranted demands. Naturally, company officials will feel they have a direct interest

in your work. But the medical man who permits management to rule *his* roost is heading for trouble. You'll do well to have your agreement state specifically that:

1. Confidential doctor-patient relations will be respected without exception;

2. All medical records will be kept locked up; and

3. Reports will be made only in an ethical manner.

You'll also want to clarify your relationship with other departments. As plant physician, you'll of course be dealing with people in personnel, engineering, and the like. That's all to the good. But you should be responsible solely to top management.

3. *Assistants*

In a newly created medical department, you may have to get along on your own at first. But you'll soon want nursing and clerical help.

Some authorities feel that a company with over 300 employes needs a full-time nurse, if it wants to maintain an adequate medical program headed by a doctor. For smaller plants, the recommended yardstick is at least nine hours of nursing service a week per 100 employes.

In a small set-up, the nurse may have time to keep the records, too. But in larger places you'll certainly need clerical services as well.

If and when you do get a full-time clerk, you'll be wise to insist she be considered an employe of the medical department exclusively—subject to your selection and supervision. (The same proviso should, of course, apply to your nurse.) Even if you're to have only part-time clerical help, try to reach an agreement on the *exact* amount of time she'll give you. The more specific your understanding, the less chance of conflict.

But what if a company head refuses to promise any help at all? In that case, warns one medical man, you'd better just bow out. His reasoning (based on an unhappy experience): "Otherwise you may find your own aide doing company work for you—at your expense and to the neglect of your private practice."

4. *Facilities*

Some physicians handle all their industrial work in their own offices; others have one office for private patients, another for their industrial practice. (This last is a good ar-



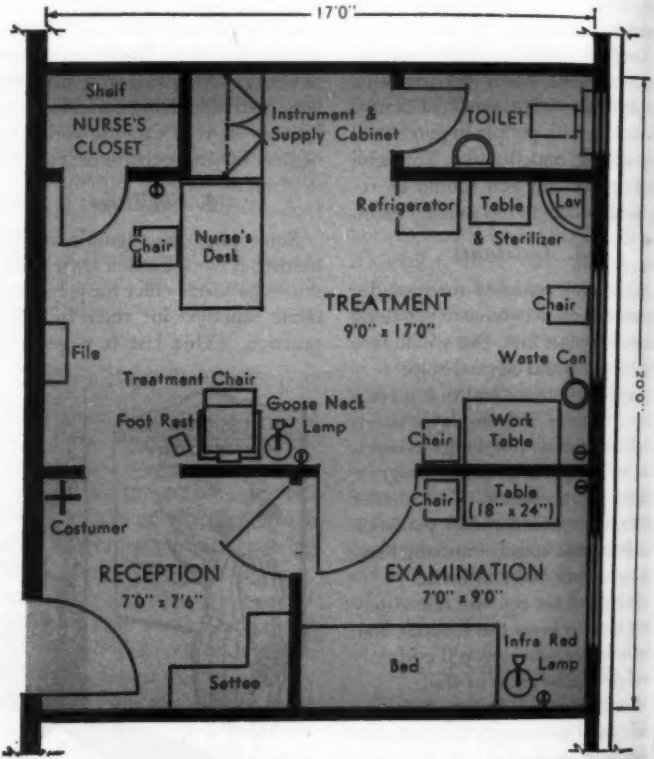
XUM

rangement if you have part-time contracts with more than one company.) As a rule, though, it's preferable to use company facilities for all or most of your industrial practice.

Nowadays, more and more companies are insisting that their doctors work on the premises. It's safer, they maintain, and less wasteful of employes' time. Unfortunately, however, many plant managers don't see the necessity of providing adequate facilities for their medical directors.

So you'll want to make a strong bid for a dispensary with the following important features:

1. At least three readily accessible rooms, with an exit to the street



Adapted from a plan developed by the American Association of Industrial Nurses in collaboration with the American Mutual Liability Insurance Company.

or a driveway, for bearing stretcher cases directly into an ambulance;

2. A reasonably quiet location;

3. Windows that provide good light and ventilation;

4. Adequate artificial lighting (and plenty of outlets for lights and appliances);

5. Hot and cold running water, and toilet facilities;

6. Floors of durable material like tile, concrete, or linoleum;

7. Easy-to-clean walls (tile, if possible); and

8. Room for expansion.

How much actual floor space will you need? The accompanying plan designed for a company with under 500 employes may give you a rough answer: It calls for about 350 square feet of space.

At first, you may have to settle for less. But remember that some authorities consider 350 square feet a minimum allotment for even a small plant.

Explaining the Costs

Knowing what you'll need is one thing; persuading *management* that you need it is something else again. Chances are, you'll be asked some brisk and penetrating questions. And you'll do well to answer in language that a businessman readily understands.

For example, you can begin by pointing out that your fee covers only your professional services. And you can suggest how absurd it would be for a highly skilled person like yourself to waste your time—and company money—on routine jobs that a modestly paid nurse or clerk could handle.

In your initial discussion of the project, it's a good idea, too, to speak of the "per capita" costs of a medical program rather than of the total expense. A company head may think twice before deciding to spend $7,800 a year on a 200-employe health program. But the idea may seem more appealing if it's pointed out that he can buy medical protection for his entire plant at a weekly outlay of only 75 cents a man.

You may find that it helps to cite what other plants are paying for similar services. (And, of course, you'll want to mention the *savings* that medical programs often bring in the form of lower compensation insurance premiums, reduced absenteeism, etc.*)

Naturally, expenses vary greatly from plant to plant. In a recent survey of companies in Astoria, N.Y., for example, annual per capita costs were found to range from $2.50 to $30. You'll probably discover equally wide variations in your locale. But a little prior study will help you arrive at an average figure for a *satis-*

*A National Association of Manufacturers study of industrial medicine involving some 3,500 companies reveals that plants can expect the following average savings as a result of setting up medical departments:

¶ A 44 per cent drop in accident frequency;

¶ A 46 per cent drop in occupational diseases;

¶ A 29 per cent drop in labor turnover;

¶ A 39 per cent drop in absenteeism;

¶ A 30 per cent drop in compensation insurance premiums.

factory medical program of the type contemplated by your prospective employer.

Is part-time industrial work a worth-while sideline for the private M.D.? Many doctors assert that it is. They suggest that, for one thing, the field is constantly broadening, as more and more employers become aware of the value of plant medical programs. For another, they say, the trend toward decentralization in this country has in many cases helped bring industrial practice to the doctor's very door.

There's no denying that such practice has its pitfalls. But they're not so bad—not, at least, if you anticipate them when negotiating your contract. END

Advice to a Medical Student

A doctor's car should never be the latest thing on wheels,
For that seems ostentatious to the people whom he heals.
But should he own a Model T, he'll be criticized indeed
By patients, in emergencies, who want him there with speed.

His clothing must be ready-made and minus all the frills,
Or he'll appear concerned with style instead of patients' ills.
But if he wears a rumpled coat, he's in a deeper mess,
For shabbiness would be a sign that he is no success.

In all the town's activities he has to take his share
By working as a volunteer and giving gratis care;
And yet it must be obvious that he can never take
A minute from his practice, even for a coffee break.

And naturally in politics it should be crystal clear
That he'll have no opinion, even in election year;
For though the patient's problem is the kind that cannot wait,
He won't consult a doctor who attacks his candidate.

And frankly, in conclusion, it's significant to note
That if Doctor's course of conduct were determined by a vote,
His patients and his neighbors simply never would agree
On anything about him—save that he should cut his fee.

—PETER FISHER, M.D.

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Buy Life Insurance – *But* Not as an Investment

Here are both sides of an important controversy, plus the author's conclusions about it

By David A. Norton

● For years, insurance and investment men have argued the question: Is it wise to buy life insurance for investment purposes?

There's no argument, of course, about the value of the financial protection life insurance gives a family when the breadwinner dies. But most policies go beyond mere protection. Not only annuities and endowments but also ordinary life insurance policies have the investment feature. And a good part of the premiums goes to pay for just this feature.

Only term insurance, as you probably know, offers pure protection. Premiums don't have to be padded to create cash values. That's the reason why term insurance is so cheap.

Insurance agents don't generally recommend term policies for basic protection. But many financial and estate planning counselors, myself included, do.

In an article in this magazine last May,* I advised doctors to buy term insurance for protection and then invest in a conservative mutual fund what they'd save in premiums. As I expected, I've since received an avalanche of

*"An Insurance, Investment, and Estate Plan—All in One," page 100.

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The clinically tested *Appliderm* ointments and lotion contain only essential drugs—each in its simplest and purest form and designed to produce a specific local effect (antipruritic, keratolytic, emollient, antifungal, etc.). Each formula provides the scientifically desirable drug concentration on the skin, following evaporation of the vehicle's volatile parts. In some cases the concentration is five times greater than the formulas indicate.

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For dry, rough, or inflexible skin in subacute and chronic dermatoses

Appliderm—3 Emollient Ointment.
A stable, water-in-oil protective emulsion of petrolatum emulsified by sorbitan sesquioleate.

For treatment of acne vulgaris

Appliderm—4 Resorcinol-Sulfur Ointment.
Antiseborrheic effectiveness of 0.5% resorcinol and 2.0% precipitated sulfur in a *flesh-tinted,* greaseless base.

For chronic, scaling dermatoses

Appliderm—5 Sulfur-Salicylic Acid Ointment.
Molecularly dispersed salicylic acid (3%) with sulfur (3%) in an anhydrous, washable ointment base.

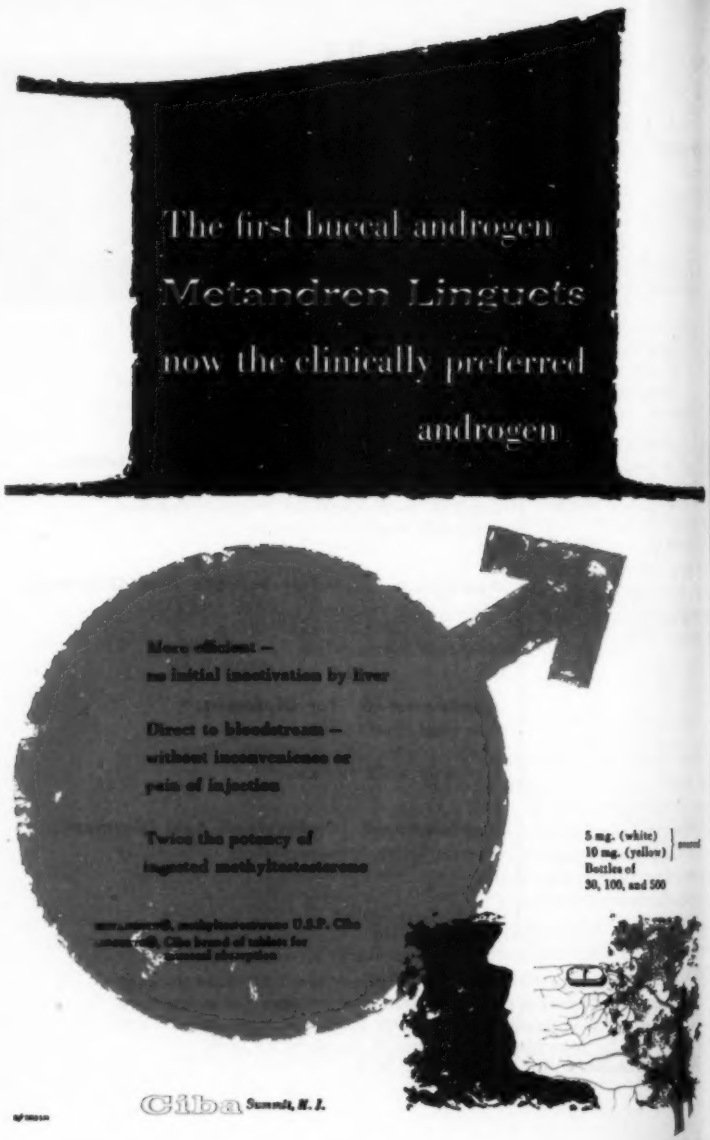
For chronic, eczematous dermatoses

Appliderm—6 Tar Ointment.
The most effective form of tar—crude coal tar (5%)—in an anhydrous, washable ointment base.

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Supplied —Ointments: in 1½ oz. tubes. Lotion: in a 3 oz. spray package, which permits topical application either as a fine spray or as a stream.
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"fan mail" from insurance people—all taking exception to what I said.

In general, they contend that life insurance *is* a good investment. Well, perhaps it's a matter of definition. When you *invest* money, you get *earnings*. When you *lend* money, you get *interest*. Thus, since the insurance company pays you a fixed rate of interest for the use of your money, the transaction qualifies as a loan rather than as an investment.

The Sloans, Morgans, Carnegies, Rockefellers, and others who have built large estates didn't do so by lending money at a small, fixed rate of interest. They *invested* it.

But let me show you both sides of the coin, so that you can decide for yourself.

The main arguments for and against buying insurance as an investment follow. On the pro side, I've quoted from insurance people who wrote me. The con side represents my own thinking.

Systematic Saving

PRO: "Studies have shown repeatedly that most people just don't save regularly unless they're forced to. Cash-value life insurance offers the purchaser a systematic, semi-compulsive method of putting away fixed amounts of money at regular intervals."

CON: That's an old argument and a valid one. But remember this: Enforced savings aren't an exclusive advantage of cash-value life insurance. Suppose, for instance, that you choose a term rather than an ordinary life policy and that you buy mutual fund shares with your premium savings. Mutual funds, because of their initial "loading" charges and their installment-purchase plans,* can create an equal compulsion to save and invest regularly.

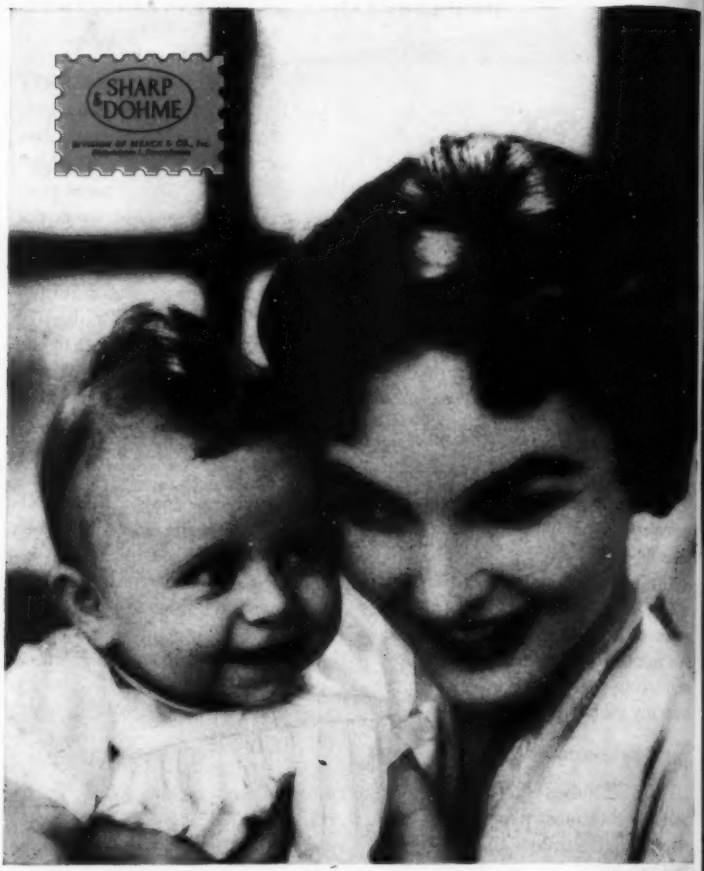
This assumes, of course, that doctors *need* compulsion. Probably some do. But, with all respect to the "studies," I doubt that medical men can properly be lumped together with "most people."

Emergency Borrowing

PRO: "There comes a time in almost everyone's life when he needs to borrow. But since most term insurance has no cash value to speak of, the policyholder can't borrow against it. What's more, a depression or a personal financial emergency may force him to drop his term insurance because he can't keep up the premiums."

CON: Admittedly, in a financial emergency you can borrow on an ordinary life policy up to its cash value. But if you borrow from the insurance company, you may pay as much as 6 per cent interest on the loan. You'll still be saddled with high premium payments as well as the interest. And your insurance protection will drop by the amount you borrow. [MORE→

*Many mutual funds will bill you monthly or quarterly, just as an insurance company does.



PHOTOGRAPH BY RUZZI GREEN

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SUPPLIED: In three dosage strengths—50,000, 100,000 and 250,000 unit tablets in vials of 12 and bottles of 100.

On the other hand, suppose you carry term insurance instead of ordinary life and have set aside the money saved on premiums. You generally can't borrow on your term policy, to be sure. But you can, in an emergency, use your savings—and pay no interest. Your fixed premium payments are much smaller. And your insurance protection is undiminished.

Safety

PRO: "Where else can you find an investment as safe as life insurance? During the great depression of the Thirties, life insurance companies chalked up an unbeatable record for stability and solvency. As a whole, they weathered the financial storm even better than banks. When you buy life insurance, then, you can be *sure* that at maturity you'll collect what you're entitled to *—regardless* of economic conditions."

CON: There's no question that a life insurance policy offers one of the safest places for your dollars. Higher-earning investments, such as mutual funds, certainly carry a larger element of risk. But there's another very important factor which must be taken into consideration: If the *dollar value* of your money is safe in insurance, how about its actual *purchasing power*?

Consider the man who has sunk most of his savings in endowments and annuities. He finds that the real value of his investment has shrunk drastically since inflation set in. Can you blame him if he regards safety in an investment as a relative term at best?

Earnings

PRO: "Insurance critics sometimes complain about the low earning power of the insurance-premium dollar. They overlook completely the effect of income taxes. But everyone knows that nowadays Uncle Sam takes a mighty big slice of the interest and earned income from ordinary investments.

"There is, however, no tax on the interest accumulations of a cash value life insurance policy *until* the time when the policy matures. Even then, the earnings from your policy are, to a certain extent, tax-favored. And the chances are that you will be in a much lower tax bracket by the time the policy matures.

"For that reason, you're often better off collecting an interest rate of 2 to 2½ per cent from insurance than with a rate of, say, 4 per cent from another type of investment."

CON: Better off temporarily, but not always in the long run. Suppose, for example, that you get back $15,000 on a life insurance policy that cost you $12,000 over a period of many years. Your $3,000 "profit" (interest) counts as ordinary income, rather than as a long-term capital gain. It may push you into a higher tax bracket, with the result that you lose in taxes most of what you've made. [MORE→

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ACHROMYCIN has demonstrated effectiveness against pne mococcal and meningococcal infections; against Gram-negati cocci; against Gram-positive cocci; against Gram-negati bacilli; and against certain mixed infections.

CAPSULES { 250 mg. / 100 mg. / 50 mg. } TABLETS { 250 mg. } INTRAVENOUS { 500 mg. / 250 mg. / 100 mg. } SPERSOIDS® Dispersible Powder { 20 mg. per teaspoonful (3.0 Gm.)

Other dosage forms will become available as rapidly as research permits.



GRAM-NEGATIVE AND GRAM-POSITIVE COCCI • GRAM-NEGATIVE BACILLI • PNEUMOCOCCI • MENINGOCOCCI

broader tolerance

greater stability

faster absorption

Lederle

LABORATORIES DIVISION AMERICAN Cyanamid COMPANY 30 Rockefeller Plaza, New York 20, N.Y.

XUM

Moreover, insurance isn't the only investment that offers tax shelter. You can buy tax-exempt bonds, for example, some of which offer up to 3.5 per cent interest. The trouble is, of course, that bonds, like life insurance, are fixed-value investments, and are therefore similarly vulnerable to inflation.

A wiser course in these times is to put at least part of your money into assets that will appreciate in value as the dollar shrinks. If, for example, you'd invested $1,000 in one conservative mutual fund ten years ago, and if you'd reinvested your dividends, you'd now have a total of almost $3,000.

If you invest for appreciation, you also get a tax advantage: When you sell holdings that you've had for six months or more, you're taxed only on half your profits, since they can be reported as long-term capital gains.

Building an Estate

PRO: "With cash-value life insurance, you can probably create a larger estate than you can with the combination of term insurance and mutual fund shares.

"Suppose, for example, that a 30-year-old doctor wants to build an estate of $100,000. For insurance premiums of $2,822 a year, he can be assured of a cash value of $71,339 plus accumulated dividends of $31,361, or a total of $101,700 at the age of 60 (assuming present dividends). If he dies before them, his family will get $100,000 plus [illegible] cumulated dividends. Can the [illegible] insurance-mutual-fund plan, [illegible] investment charges, yearly taxes [illegible] profits, and other expenses, do [illegible] well? I doubt it!"

CON: Without a crystal ball [illegible] can't accurately predict the gro[illegible] of an investment over a thirty-[illegible] period. But judging from the [illegible] performance of mutual funds, I th[illegible] I can safely make the following es[illegible] mate:

The same $2,822 a year, put [illegible] a combination of (1) term insura[illegible] and (2) a living trust invested [illegible] mutual fund, might well produc[illegible] cash estate in thirty years of [illegible] than $200,000.

The major drawback, as I see [illegible] of combining life insurance and [illegible] vestments in one package is the l[illegible] of a hedge against steadily ri[illegible] prices. The dollars you'd get to[illegible] from a policy bought thirty ye[illegible] ago, for example, would purcha[illegible] about a third less than they wo[illegible] have then.

For this and other reasons, I ge[illegible]erally favor buying insurance f[illegible] protection only—and not as an i[illegible] vestment.

Tell Me, Doctor

Does it take a larger germ
To infect a pachyderm?

—MARGARET SINGLETON

a suitable choice for lipotropic therapy in

CIRRHOSIS • CORONARY DISEASE
ATHEROSCLEROSIS • DIABETES

GERICAPS

Gratifying clinical improvement reported with the use of lipotropics in cirrhosis, coronary disease, atherosclerosis and diabetes has resulted in widespread adoption of this therapy.

The choice of the lipotropic used is critical to the patient's response and the success of this management. Gericaps offers a high potency lipotropic formula plus *extra* factors to assure optimal results.

Each Capsule Supplies:

CHOLINE & INOSITOL synergistically equivalent to aproximately 1 Gm. of choline dihydrogen citrate. Supërior potency of the *true* lipotropic factors.

RUTIN 20 mg. and VITAMIN C 12.5 mg. To help prevent or improve capillary fragility and or permeability.

VITAMIN A 1000 units and B-COMPLEX 7.25 mg. To aid in compensating for deficiencies in a fat and cholesterol restricted diet.

Supplied in bottles of 100

SHERMAN LABORATORIES
BIOLOGICALS • PHARMACEUTICALS
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JUST A FEW REASONS, DOCTOR...

for the continuing popularity of

OHIO

portable electric

INSTRUMENT STERILIZERS



Model 722 (illustrated) now at new low price of **$89.00**

● **DURABILITY AND LOW COST** — Lifetime service is built into these units by casting the body of the sterilizer in one smooth piece of high-grade bronze. The exterior is fabricated of gleaming stainless steel which provides both pleasing appearance and strength. This durability means trouble-free service at low cost over the years.

● **AUTOMATIC CONTROLS — SAFETY** — An automatic electric control maintains a constant sterilizing temperature inside the unit and shuts off current to the sterilizer in case of low water, thus protecting the heating elements from burn-out and conserving current. The cover is raised and lowered simultaneously with the tray by a cool (insulated) Bakelite handle.

● **VARIETY OF MODELS** — Both the 12" and 16" capacity units provide quick economical sterilization of instruments in your office or clinic. Moreover, each of these two models is available with various types of mountings. The quality and attractiveness of these units reflect the experience of more than four decades of designing and manufacturing sterilizing equipment.

For further descriptive details including prices relative to the several models of portable electric instrument sterilizers available to fit your needs please request bulletin No. 2172.



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On West Coast: Ohio Chemical Pacific Company, San Francisco 3, Calif.
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Small Talk Is Good Talk

It appeals to almost everyone, says this physician. And 'almost everyone' includes your patients

By Henry A. Davidson, M.D.

● Many a doctor who still has something to learn about the pH and the Rh and who couldn't describe the chemistry of purine metabolism is, none the less, a professional success because he gets along with people. Since most human contacts are verbal ones, a facility for conversation ranks tops in any community's popularity contest.

Not conversation about Einstein or existentialism, mind you, but the simple kind that's often referred to disdainfully as "small talk."

Every time you grab a quick lunch at the soda counter, stop in at the Main Street hardware store to buy a pair of pliers, or take the family out for Sunday dinner, you run into patients and potential patients. An ability to chat easily at such times puts you miles ahead of the man who thinks that nothing less profound than Toynbee's "Study of History" is worth talking about.

To remember a fellow-citizen's interests—and to ask about them—is to score a bull's eye. That's why it's worthwhile to read the little social items in your local newspaper. There you'll find out that John Vasiek's daughter was elected valedictorian of the grammar-school graduating class. You'll note that Minerva Garrison has just returned from a visit with her sister in Stockton.

Then when you pass John Vasiek on Main Street, you'll be able to say cheerfully, "Glad to see that Mary was elected valedictorian!" (A somewhat better ice-breaker,

you'll admit, than asking Mr. Vasiek what he thinks of the resettlement of the Moslem population in Pakistan.)

Miss Garrison, by the same token, feels a glow if you say, "I heard you were visiting in Stockton." (A warmer glow than if she's greeted with "Good morning; and do you think the tax cut will stave off a recession?")

Small talk consists of two parts: (1) the introductory "How are you?" or its equivalent, said with good feeling and good cheer; (2) a comment on a matter of personal interest to the other fellow.

The latter is the springboard for the rest of the conversation, even if your comment relates to nothing more vital than the person's hobby or the doings of his grandchildren. "And how is Betsy?" may not be a profundity, but it's what Betsy's mother wants to hear; and that's what counts.

"Are they still putting out new commemoratives?" may mean little to most people; but it can be an A-1 conversational gambit when greeting a stamp collector.

If you can't remember the other fellow's special interest, it's safe to ask (except, perhaps, of the town vagrant), "What are you doing these days?" The point is simply to emphasize the *other* person, not yourself.

Main Street and the Tip-Top Confectionery aren't the only social

Cortef† for inflammation

neomycin for infection

Neo-Cortef®

†TRADEMARK FOR UPJOHN'S BRAND OF HYDROCORTISONE (COMPOUND F)

®TRADEMARK FOR UPJOHN'S BRAND OF HYDROCORTISONE (COMPOUND F) WITH NEOMYCIN SULFATE

ACETATE OINTMENT

Available in 5 Gm. and 20 Gm. tubes

Each gram contains:

Hydrocortisone acetate	10 mg. (1%) or 25 mg. (2½%)
Neomycin sulfate	5 mg. (equivalent to 3.5 mg. neomycin base)
Methylparaben	0.2 mg.
Butyl-p-hydroxybenzoate	1.8 mg.

[redacted] *The Upjohn Company, Kalamazoo, Michigan*

for COMPLETE PROTECTION you need a WHOLE RAINCOAT



for complete B complex protection
MEJALIN—and only MEJALIN—
supplies all 11 identified
B vitamins plus liver and iron

B complex protection may be needed by that overworked executive with "no time to eat" . . . by that balky youngster that turns up his nose at mealtime . . . by your elderly patient who doesn't like the right foods—in fact, by anyone who eats poorly or sporadically or who requires an extra measure of vitamin support.

Since "vitamins, especially those of the B complex, are closely interrelated" and "lack of availability of any one may affect the metabolism of the others,"[1] the importance of a complete B vitamin product is apparent.

Mejalin provides all the identified B vitamins plus liver and iron as an extra safeguard for good nutrition.

Two exceptionally pleasant dosage forms assure patient acceptance.

1. Therapeutic Nutrition, Publication 234, National Research Council, 1952.



One teaspoon of Mejalin Liquid or one Mejalin Capsule supplies:

Thiamine	1 mg.
Riboflavin	1 mg.
Niacinamide	10 mg.
Pyridoxine hydrochloride	0.2 mg.
Pantothenic acid	1 mg.
Choline	50 mg.
Inositol	20 mg.
Vitamin B_{12} (crystalline)	3 mcg.
Folic acid	0.2 mg.
Biotin	0.02 mg.
Para-aminobenzoic acid	0.5 mg.
Liver fraction	300 mg.
Iron (from ferrous sulfate)	7.5 mg.

Mejalin Liquid contains panthenol and soluble liver fraction N. F.; Mejalin Capsules contain calcium pantothenate and desiccated liver N. F.

Mejalin Liquid: Bottles of 12 ounces.
Mejalin Capsules: Bottles of 100 and 300.

The complete vitamin B complex supplement

MEAD

MEAD JOHNSON & COMPANY
EVANSVILLE, INDIANA, U.S.A.

DEXAMYL* relieved...

... anxiety in a tired businessman





Patient T.H. complained of "fatigue and early morning weariness . . . refused to stop work and rest . . ."

"The relief that 'Dexamyl' brought in this case is incalculable." It relieved his anxiety about his work and helped him through the days he felt "low".

(Case-history excerpts from the files of a general practitioner, unposed photographs taken during office visit.)

Each tablet provides the synergistic action of two mood-ameliorating components: Dexedrine* Sulfate (dextro-amphetamine sulfate, S.K.F.), 5 mg.; amobarbital (Lilly), ½ gr. (32 mg.). Each teaspoonful (5 cc.) of the elixir is equivalent to one tablet.

**T.M. Reg. U.S. Pat. Off.*

despondency from the "dread of advancing years"





Patient W.F.'s "emotional cyclones, her tears and giggles, her hopelessness were products of her brooding unhappiness when alone."

" 'Dexamyl' gave her a smoother existence, alleviating her moodiness and lessening her storms."

'DEXAMYL' tablets and elixir

—relieves both anxiety and depression
—promotes a feeling of composure

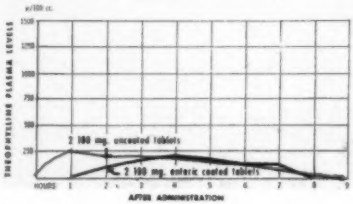
Smith, Kline & French Laboratories, Philadelphia

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Higher sustained blood levels achieved by Cardalin tablets than with I.V. therapy—with complete safety

Even 3 gr. are not enough

The relative ineffectiveness of 3 gr. aminophylline tablets, given twice daily, is explained by the low theophylline blood levels that they produce. These low oral blood levels also help to explain the great disparity of results obtained with intravenous versus oral aminophylline administered in customary small doses. Intravenous aminophylline has been shown to give suitable results in the management of certain cardiac and respiratory conditions.



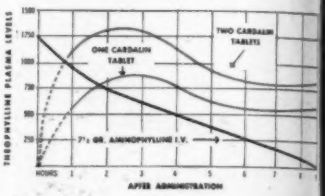
Blood theophylline levels following ingestion of enteric coated and uncoated aminophylline (Adapted from Waxler & Schack, J.A.M.A. 143: 736, 1950)

Blood levels obtained with either uncoated or enteric coated 3 gr. aminophylline tablets are approximately half of those produced by 3 gr. of aminophylline I.V.—and approximately ¼ of those obtained with the preferred dosage form of 7½ gr. of aminophylline I.V.

Cardalin

produces a full therapeutic effect *orally*.

One or two Cardalin tablets, given orally, produced higher and more sustained theophylline blood levels than 7½ gr. of aminophylline intravenously. The high theophylline blood level is responsible for the excellent clinical results obtained with oral Cardalin in bronchial asthma, cardiac conditions, and edematous states.



Sustained plasma theophylline levels were higher with 1 or 2 oral Cardalin tablets than with 7½ gr. of aminophylline I.V.
(Adapted from Bickerman, H. A., et al: Ann. Allergy 11: 301, 1953, and Truitt, E. B. Jr., et al.: J. Pharmacol. & Exper. Therap. 100: 309, 1950)

Each Cardalin Tablet contains:

Aminophylline	5.0 gr.
Aluminum Hydroxide	2.5 gr.
Ethyl Aminobenzoate	0.5 gr.

Supplied: Bottles of 50, 100, 500 and 1000. Also available: Cardalin-Phen, containing ¼ gr. phenobarbital per tablet.

IRWIN, NEISLER & COMPANY
DECATUR, ILLINOIS

Cardalin

PATENT PENDING

tablets

forums, of course. There is also the living room where you may be either guest or host.

As traditional as dog-eared magazines in waiting rooms is the inevitable shop talk among M.D.s at a social gathering. This won't disturb the doctor's relations with his patients at a purely medical party (though it may disturb his relations with his wife). But at a mixed party the man who talks of nothing but the stress syndrome or stomach hernias may soon be talking to himself. Human relations need conversational give-and-take that's not a feature of the medical monologue.

Variety of Topics

At social gatherings, the doctor needs flexibility enough to take part in conversations on baseball games and foreign affairs, domestic service and military service, ancient history and tomorrow's weather. Remember that the real lion of the party is not the man who inflicts on those present a recital of personal experiences, but the one who can successively make each guest feel interesting and important.

To do this, you don't have to be a well-spring of information. It takes only a moment of listening to ask a sensible question, and only a few moments more to be able to contribute a modest opinion.

Although numerous volumes offer to make the reader a social success in ten easy lessons, the best textbook for ordinary conversation is a good newspaper read selectively every day. Page one is bursting with significant items; the editorial page contains several up-to-the-minute opinion-essays. Letters to the editor furnish a galaxy of viewpoints on current controversies. The sporting section and the society column are veritable stockpiles of ideas.

Fifteen minutes a day will fill the conversational fuel tank of anyone who isn't suffering from motor aphasia or laryngeal palsy.

Thus prepared, you can nearly always hit on a topic in the other person's field of interest. Whether he's wrapped up in taxes or tennis, television or tools, trap-shooting or tropical fish, you'll be able to ask the leading questions that make conversations click. END



Jottings From A Doctor's Notebook

By Martin O. Gannett, M.D.

● From the armchair Hippocrates: "There is no gainsaying the superiority of breast milk over the best formula devised by man. But against it is the risk to the nursing infant of conjunctivitis from Mama's cigarette ashes."

* * *

The penchant for ingestion, deeply rooted in us, occasionally works strange wonders. I passed Will Banti's bed some days ago and stopped for a word. He had a Levine tube in him and the end of it, pasted to his cheek with adhesive tape, was tugging rhythmically at its moorings. Suddenly the tape gave way to the pull of a mighty peristaltic wave, and Will had just time to clamp his teeth on the tube before it disappeared down his gullet.

Yesterday still another case: A young matron, brought in with acute intestinal obstruction, was found to harbor a tongue-depressor at her ileocecal junction. The doctor who had wielded it could not be found.

* * *

The story now being told about Dr. Z's surgical service is perhaps no less than that luminary deserves. It seems a newly appointed interne asked his house surgeon about the post-mortem percentage attained on the service.

"Friend," replied the latter wearily, "on this service we don't bother with P.M.'s. Whatever diagnosis the Chief gives them is, by Heaven, the diagnosis they die with."

* * *

History from Mose Trellis, five foot five, 212 pounds:

"So Dr. Miller, back in my home town, says to me,

which is rheumatoid arthritis? — which is gouty arthritis?





You won't always find gout in the great toe . . . in 40 percent of gout cases, the first attacks occur in a finger, wrist, elbow, or knee.[1] A quick way to distinguish between the rheumatoid and gouty forms of arthritis is to prescribe

NEOCYLATE™ WITH COLCHICINE

Specific in Diagnosis... Therapy... Prophylaxis of

GOUTY ARTHRITIS

Each NEOCYLATE* *with* Colchicine *Entab** contains:

Sodium Salicylate	0.25 Gm.	(4 gr.)
Para-Aminobenzoic Acid	0.25 Gm.	(4 gr.)
Ascorbic Acid	20.00 mg.	(1/3 gr.)
Colchicine	0.25 mg.	(1/250 gr.)

In enteric-coated, capsule-shaped tablets.

DOSAGE: 2 doses of 3 *Entabs* each, two hours apart, then 2 *Entabs* every two or three hours for eight to fourteen doses as required. Dosage should be given to full effect.

SUPPLIED: Bottles of 200, 500, and 1000 yellow *Entabs*. In nongouty arthritic and rheumatic disorders, consider NEOCYLATE *Entabs* and *Syrup* NEOCYLATE (without colchicine).

SAMPLES AND LITERATURE ON REQUEST

1. Graham, W.: Nova Scotia M. Bull. 32:65, 1953.

*Trademark of The Central Pharmacal Company.

THE CENTRAL PHARMACAL COMPANY

PRODUCTS BORN OF CONTINUOUS RESEARCH

SEYMOUR, INDIANA

XUM

'You want to get rid of your gastritis? Then get yourself a wife and start eating regular meals.' So I got married for him and in one year I put on very nearly ninety pounds. Now what am I supposed to do, get divorced?"

* * *

Occupational hazards of doctoring begin apparently before you ever reach the blessed estate of M.D. And not all the risks of an operation are carried by the victim alone.

Right in the middle of circumcising a ten-day-old citizen, I had to abandon my patient to attend to a medical student who'd been watching. At the first sight of blood, my gallery had swooned away and lacerated his chin on the floor.

The sutures intended for possible use on the youngster did very well for the innocent bystander.

* * *

The agitated elderly gentleman begins to unbosom himself even before he is well inside the door. Michael Callahan is his name, sir. His father died at 75, and so did his mother. Two uncles died at 75. And a week ago a first cousin also went to his reward—right on his seventy-fifth birthday. Since then he hasn't been able to sleep for worry, and I've got to help him. He's 71, going on 72, and he just knows he'll pass away as the others did, when he reaches 75.

Doctor, what can be done about it?

[MORE→

Cortef† for inflammation

neomycin for infection

†TRADEMARK FOR UPJOHN'S BRAND OF HYDROCORTISONE (COMPOUND F)

Neo-Cortef*

*TRADEMARK FOR UPJOHN'S BRAND OF HYDROCORTISONE (COMPOUND F) WITH NEOMYCIN SULFATE

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Available in 5 Gm. and 20 Gm. tubes

Each gram contains:

Hydrocortisone acetate .... 10 mg. (1%) or 25 mg. (2½%)
Neomycin sulfate ..... 5 mg.
(equivalent to 3.5 mg. neomycin base)
Methylparaben ..... 0.2 mg.
Butyl-p-hydroxybenzoate ..... 1.8 mg.

The Upjohn Company, Kalamazoo, Michigan

No. 2 of a series to resolve

SULFA DRUG FACTS

Q. Which are the most widely used sulfa drugs?

A. Sulfadiazine, Sulfamerazine and Sulfamethazine, are by far the most widely used throughout the world.

The medical profession has chosen these three from over 5,000 that have been investigated.

Triple Sulfas (Meth-Dia-Mer Sulfonamides) remains unsurpassed among sulfa drugs for Highest potency • Wide spectrum • Highest blood levels • Safety • Minimal side effects • Economy • This is why leading pharmaceutical manufacturers offer Triple Sulfas to the medical profession.

This advertisement is presented on their behalf by

Calco Chemical Division, AMERICAN Cyanamid COMPANY, Bound Brook, N. J.

MORE for your money!



Maxicon ASC is just one example of how General Electric x-ray equipment leads the way in performance

Here's a low-priced diagnostic x-ray unit that offers complete reliability and flexibility for both radiography and fluoroscopy. A single-tube combination unit with a table-mounted tube stand, Maxicon ASC provides two-tube efficiency at one-tube cost.

It's the same story regardless of the x-ray equipment or supplies you need: At General Electric your money buys more performance . . . more dependability. This is the predictable result of General Electric's never-ending search for ways to improve the x-ray and electromedical apparatus available to the medical profession.

Backing this broad line of quality equipment is a network of strategically located, factory-operated district offices. Through them, a highly trained x-ray specialist is available to you at all times.

Whatever your diagnostic or therapeutic needs, call your G-E x-ray representative. Or write X-Ray Department, General Electric Company, Milwaukee 1, Wis. Rm. C-11.

You can put your confidence in —

GENERAL ELECTRIC

FEATURE	MAXICON ASC	UNIT X	UNIT Y	UNIT Z
Table positions from 10° Trendelenburg to vertical	YES	YES	NO	YES
Variable speed table angulation	YES	NO	NO	NO
Radiation-protective table panels	YES	NO	NO	NO
18-in. focal-spot to table-top distance for fluoroscopy	YES	NO	NO	YES
Counterbalanced tube stand, providing adjustable focal-film distances up to 40 in.	YES	NO	NO	NO
Signal-light centering system for Bucky radiography	YES	NO	NO	NO
Provision for cross-table radiography	YES	NO	NO	NO
12-step line-voltage compensator	YES	NO	NO	NO
Automatic selection of large or small focal spot	YES	YES	NO	NO
45 x 78-in. or less space requirement	YES	NO	NO	NO

Complete examination reveals as the sole positive finding bilateral bunion.

* * *

In the post-partum clinic, buxom Mrs. Brown is given a refer card to the birth control clinic—she having given birth to her sixth pickaninny a month ago.

"I don't need that, Nurse," she giggles. "My husband dead now."

"Oh, I'm sorry, Just recently?"

"Be two years next week; God rest his soul."

"Well-ll, then, maybe you'd better go to the clinic till another year goes by—just to make sure."

* * *

It may have been poor team-work on the part of the anesthetist, or Dr. Leff's usual rush to have things over with. In any case, no sooner had the latter opened the peritoneal cavity than the patient strained mightily, heaving half her viscera out of the wound.

Dr. Morton, on his way to the next room to scrub, pauses for a brief glance at the struggle, then drawls: "Let me know who wins, will you, Leff?"

* * *

Shuffling through record cards brings to memory variations on a vital theme in medical economics: the delicate business of garnering a fee.

Exhibit A:

Ed Andersen, terribly preoccupied with his wife's cold, and implying: "Is this a time for monetary trivialities?" But the moderate fee is still unpaid on the first anniversary of its incurrence.

Exhibit B:

Night call to see Mrs. Hoffman in an attack of sudden left-ventricular failure with pulmonary edema. The son sees me to the door and slips a crumpled bill into my hand as he shakes it in parting. With the flourish of one dispensing largesse he says: "Buy yourself something, Doctor!"

Exhibit C:

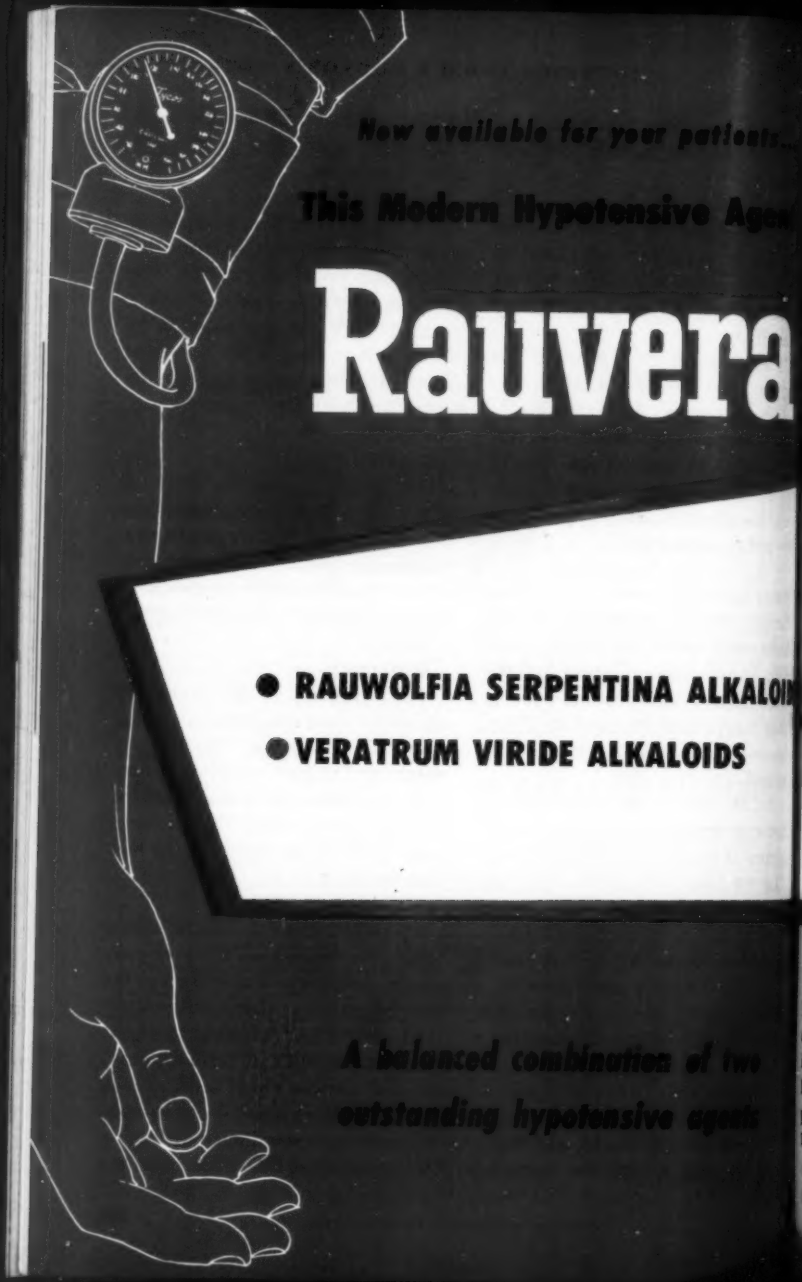
Mrs. Bistro leaves the office all befuddled with the instructions she must remember, and forgets to pay, purely as a matter of absent-mindedness. Confirmatory evidence is that she forgets to pay the druggist as well.

Exhibit D:

John Billings, to me previously unknown, once requested a general examination—"just my usual yearly check-up, Doctor"—then handed me a twenty-dollar check and asked for change. How young I must have been then can be seen from the fact that he got it . . .

Exhibit E:

Finnegan, Peter, comes in with a traumatic subconjunctival hemorrhage. As soon as I've looked at his eye, he puts two dollar bills on my desk. Then, as I continue to examine him for signs of cranial injury, he puts another dollar down. I look at his fundi, and as I put the ophthalmoscope away I see him digging in his pocket again. It dawns on me


Now available for your patients...
This Modern Hypotensive Agent
Rauvera
● RAUWOLFIA SERPENTINA ALKALOIDS
● VERATRUM VIRIDE ALKALOIDS
A balanced combination of two outstanding hypotensive agents

THE ADVANTAGES OF COMBINING RAUWOLFIA SERPENTINA and VERATRUM VIRIDE

Many cardiologists today assert that in hypertension, combination therapy is more effective than any one drug alone. The combinations of Rauwolfia serpentina and Veratrum viride, as provided by Rauvera, is considered one of the more desirable mixtures. Only mildly hypotensive in its action, Rauwolfia serpentina leads to striking subjective improvement, lowers dosage requirements of Veratrum viride, and reduces the incidence of reactions to the latter. The combination exerts a remarkable additive, if not synergistic, influence.

THE DISTINCTIVE ACTION OF RAUWOLFIA SERPENTINA

Exerting a mild hypotensive influence, Rauwolfia serpentina also produces: relaxing sedation, bradycardia—not tachycardia, and relief of headache and dizziness. By inducing a state of calm tranquility, it creates a sense of well-being and a more favorable outlook. Rauvera contains a highly purified extract of Rauwolfia serpentina alkaloids, the alseroxylon fraction, which is tested in dogs for its hypotensive, sedative, and bradycrotic actions.

THE POTENT HYPOTENSIVE ACTION OF VERATRUM VIRIDE

Termed one of the safest of the more potent hypotensives, Veratrum viride lowers blood pressure by central action. Like Rauwolfia serpentina, it does not interfere with the postural reflexes, since it is not ganglionic or adrenergic blocking. Its influence is exerted promptly, in contrast to that of Rauwolfia serpentina, which may take weeks to develop to maximum intensity.

IN MODERATE AND SEVERE ESSENTIAL HYPERTENSION

Because of its potent hypotensive activity, Rauvera is indicated in moderate, severe, and resistant essential hypertension. Subjective relief is prompt, the patient is not incapacitated because the postural reflexes remain intact, and the blood pressure is lowered significantly. Each scored Rauvera tablet contains 1 mg. of Rauwolfia serpentina alkaloids and 3 mg. of Veratrum viride alkaloids (alkavervir). Average dose, 1 tablet 3 times daily, at intervals of not less than 4 hours, ideally after meals.

SMITH-DORSEY

LINCOLN, NEBRASKA

A Division of THE WANDER COMPANY

XUM

all at once that his interpretation of my ignoring the money is that I consider the fee insufficient. I gather the fee hurriedly, but reflect later that, given a decent love of lucre, I might have waited to take the patient's blood pressure on his other arm, determined his vital capacity, taken his height, weight and chest measurements, and investigated his equilibratory mechanism.

* * *

Mrs. Linder, relaxed and happy one hour post partem, breathes a deep sigh.

"I feel so good now, Doctor. A little girl, just like I wanted. I'm trying to think now of the name I had for her, but I just can't remember. It begins with S."

Sally? No..o... Sarah? Oh, no. Sandra, Salome, Shirley, Sybil? "No, Doctor, it's on the tip of my tongue. There's something like sin in it."

"Cynthia?"

"That's it!"

* * *

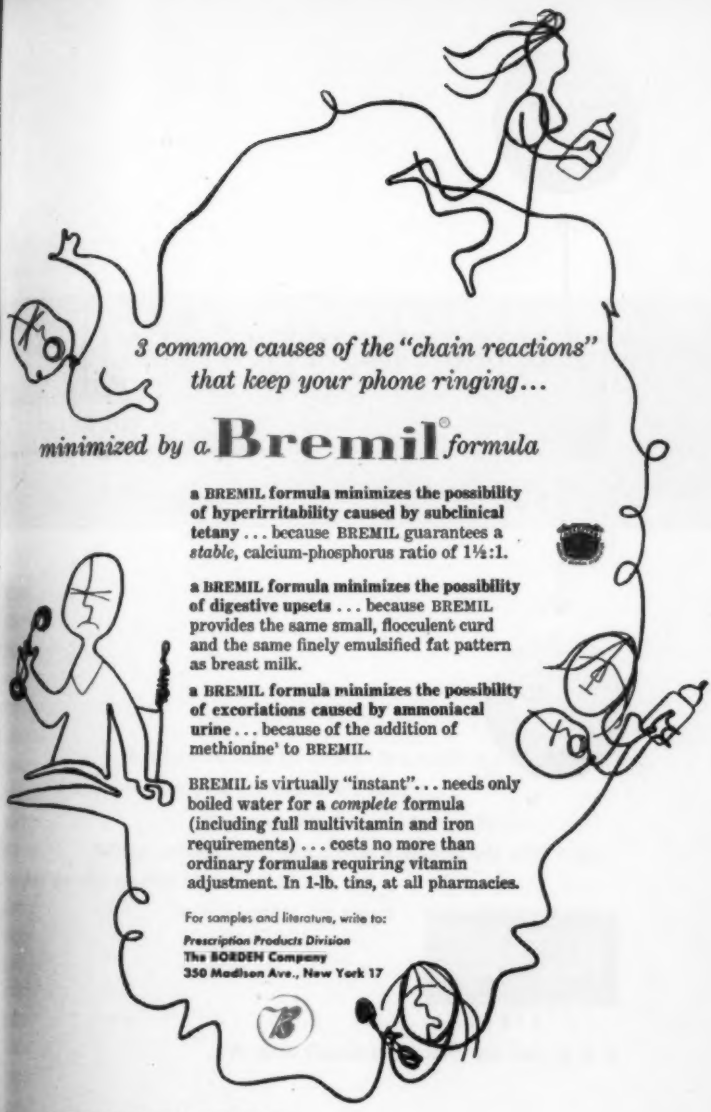
I walk into the staff-room, and there's Bill Wayne, in town for the holidays to see all the plays he can and to show his rubicund and prosperous self to his old cronies at the hospital.

Well, how are things going down in Georgia?

Pretty fair, it seems. They'd be better, only in his county there are two new chiropractors and they see more patients than he does.

Georgia Crackers? END

aspergum
for sore throat
Specifically designed to relieve throat soreness through prolonged direct contact of aspirin.
White Laboratories, Inc.
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3 common causes of the "chain reactions" that keep your phone ringing...

minimized by a **Bremil**® *formula*

a BREMIL formula minimizes the possibility of hyperirritability caused by subclinical tetany ... because BREMIL guarantees a *stable*, calcium-phosphorus ratio of 1½:1.

a BREMIL formula minimizes the possibility of digestive upsets ... because BREMIL provides the same small, flocculent curd and the same finely emulsified fat pattern as breast milk.

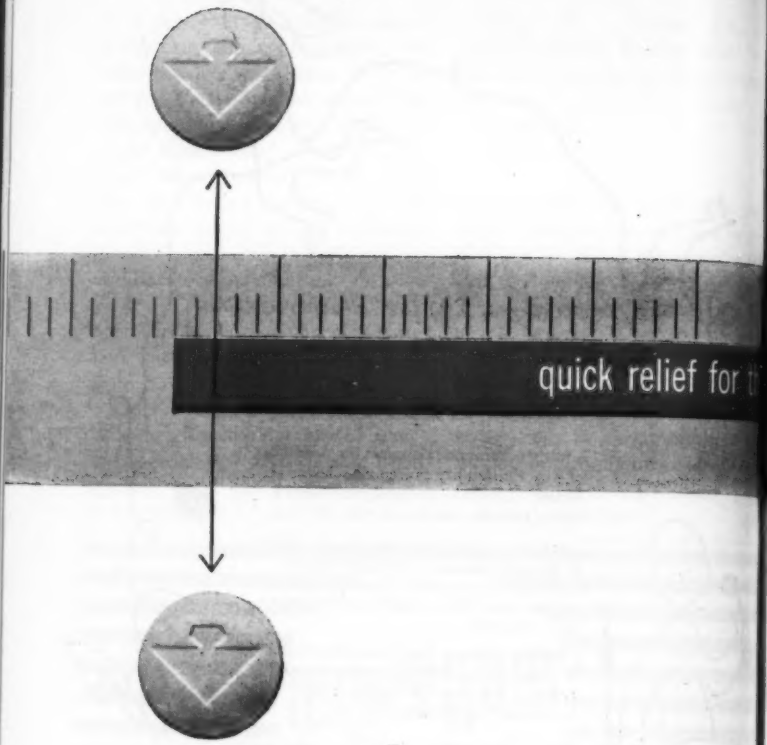
a BREMIL formula minimizes the possibility of excoriations caused by ammoniacal urine ... because of the addition of methionine[1] to BREMIL.

BREMIL is virtually "instant"... needs only boiled water for a *complete* formula (including full multivitamin and iron requirements) ... costs no more than ordinary formulas requiring vitamin adjustment. In 1-lb. tins, at all pharmacies.

For samples and literature, write to:

Prescription Products Division
The BORDEN Company
350 Madison Ave., New York 17

1. Goldstein, L. S.: Clin. Med. 59:455, 1952.


quick relief for

for t ommon cold



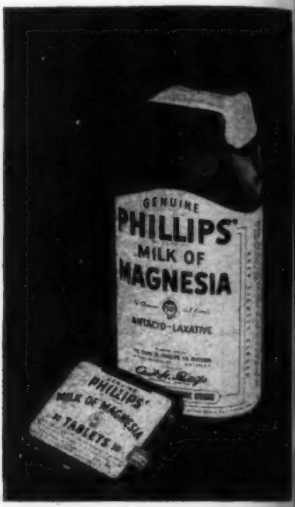
To reduce the fever and relieve the discomforts of the common cold,
remember Anacin, the dependable APC formula.
Anacin provides fast, prolonged analgesia
with no unpleasant side effects often associated with other drugs.
And the mild sedation offered is desirable
to help comfort the patient.

ANACIN
TABLETS

Whitehall Pharmacal Company, New York 16, N. Y.

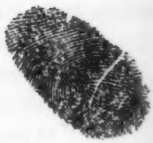
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INIMITABLE...

Quality and demonstrated dependability for over three-quarters of a century... consistently and universally accepted above all others...the prestige of Phillips' Milk of Magnesia may be measured by the overwhelming majority of those who prescribe it... the medical profession.



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nsule' 'Spansule' 'Spansule' 'Spansule' 'Spansule' 'Spansule' 'Spansule'

The revolutionary new oral dosage form

Spansule*

brand of sustained release capsules



uniform release of medication over a prolonged period of time

What 'Spansule' capsules are

Each 'Spansule' sustained release capsule contains scores of tiny medication-bearing coated pellets with varying disintegration times. Upon ingestion, part of the medication is released immediately; the rest is released gradually, yet uniformly, over a period of 8-10 hours, with therapeutic effect lasting approximately 10-12 hours.



This schematic graph illustrates the typical "peak and valley" therapeutic effect with *tablets, t.i.d.*



Note—by contrast—in this graph the sustained therapeutic effect with *one 'Spansule' capsule.*

How 'Spansule' capsules differ from presently available "enteric-coated" and layered "timed-action" tablets

"Enteric-coated" tablets are designed merely to protect the medication from absorption until it reaches the small intestine—to prevent nausea or irritation from certain drugs.

Layered "timed-action" tablets simply release two individual concentrated doses—to provide a full day's medication with just one tablet. However, the therapeutic effect of such preparations is no different from that obtained with ordinary tablets taken b.i.d.

'Spansule' capsules, in marked contrast, provide a means of orally administering a drug so that a *continuous* and *uniform* supply of medication is made available for absorption throughout the day—or night.

Smith, Kline & French Laboratories • Philadelphia

*Trademark for S.K.F.'s brand of sustained release capsules (patent applied for).

(see other side)

'Spansule' 'Spansule' 'Spansule' 'Spansule' 'Spansule' 'Spansule' 'Spa

Because of the advantages inherent in the 'Spansule' capsule dosage form, S.K.F. is working constantly toward the development of new 'Spansule' capsules incorporating adaptable therapeutic agents.

The following Spansule† sustained release capsules are now available:



10 mg.
&
15 mg.

Dexedrine* Spansule capsules

DEXTRO-AMPHETAMINE SULFATE, S.K.F.

for day-long control of appetite in weight reducti



15 mg.

Benzedrine* Sulfate Spansule capsules

AMPHETAMINE SULFATE, S.K.F.

for relief of chronic tiredness



1 gr.
&
1½ gr.

Eskabarb* Spansule capsules

PHENOBARBITAL, S.K.F.

for continuous, even sedation throughout the day—or night

Smith, Kline & French Laboratories · Philadelphia

†Trademark for S.K.F.'s brand of sustained release capsules (patent applied for).

*Trademark.

'Spansule' 'Spansule' 'Spansule' 'Spansule' 'Spansule' 'Spansule'

XUM

What's Your Income Tax I.Q.?

Next month's Federal tax forms will test your knowledge of the regulations; if you've got all the answers, you'll be in little danger of overpaying. So why not try your hand at this quiz?

(Answers on page 197)

1. Your wife did some substitute teaching, which brought in less than $600, in 1953. She wants a refund of the tax that was withheld from her pay. You should . . .

   (a) Let her file a separate return to get her refund, then file yours claiming exemptions for both of you.
   (b) Advise her to file a joint return with you.
   (c) Each file a return claiming one exemption.

2. You get three loans—the first for office equipment, the second to make repairs for a tenant, and the third to cover your son's college tuition. You can deduct . . .

   (a) The interest on the first loan.
   (b) The interest on the first and second loans.
   (c) The interest on all three loans.

3. You own several types of securities. Which of the following is taxable?

   (a) Stock dividend [common stock distributed to common-stockholders].
   (b) Interest on state and municipal bonds.
   (c) Interest on bonds of a tax-exempt educational institution.

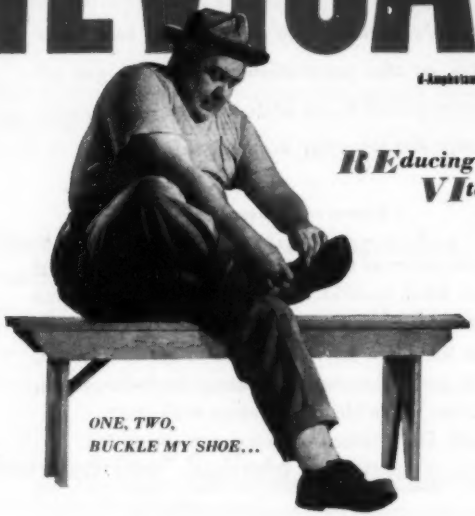
[MORE→

**These questions are based on material from the American Institute of Accountants (the national society of certified public accountants).*

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d-Amphetamine-Vitamins and Minerals Lederle

REducing
VItamin
CAPSules



ONE, TWO,
BUCKLE MY SHOE...

When obesity begins to make daily living more and more difficult, REVICAPS *Lederle* will often prove a valuable aid to successful management.

REVICAPS does three important things:

It depresses the appetite, with d-amphetamine (5 mg. per capsule) plus bulk-producing methylcellulose providing double anorexic action.

It elevates the mood, cheering the patient and making him more cooperative in following a reducing diet.

It prevents dietary deficiencies, providing the essential vitamins and minerals frequently lacking in unsupervised reducing diets.

REVICAPS is simple to prescribe, and easy for the patient to take—1 or 2 capsules ½ to 1 hour before each meal.

Lederle

LEDERLE LABORATORIES DIVISION
AMERICAN Cyanamid COMPANY
30 Rockefeller Plaza, New York 20, N. Y.

*Trade-mark

4. You are in individual private practice. Through acting as an occasional receptionist for you, your daughter earned $595 last year. She has filed a return, in order to get a refund of tax withheld from her wages. You may . . .

(a) Not take a deduction.

(b) Deduct her wages as a business expense and take a $600 exemption for her.

(c) Deduct her wages as a business expense, but not take the $600 exemption.

5. Which of the following may you *not* consider as a deductible *business* expense?

(a) Subscriptions to professional publications.

(b) State income tax.

(c) The costs of attending the A.M.A. convention.

6. You gave your church a corner lot for which you had paid $500 some years ago. Its value at the time of your gift, in 1953, was $1,500. As a result . . .

(a) You must pay a capital gains tax on the $1,000 increase.

(b) You may claim a deduction of $500.

(c) You may claim a deduction of $1,500.

7. Which of the following is *not* a requirement in claiming the $600 exemption for a dependent?

(a) The dependent must be a close relative as defined in the tax instructions.

(b) He must have had less than $600 of income.

(c) He must not be claimed as an exemption by his spouse.

(d) He must be a citizen of the United States.

(e) He must have received more than half his support from you.

8. You're in partnership with another doctor. Your partnership tax year . . .

(a) May be a fiscal year ending the last day of any month.

(b) Must be the same as your personal tax year.

(c) Must be the calendar year.

9. You recently sold twenty-five shares of stock for a gain of $1,000. You had held these shares for just under six months. You had no other "capital" transactions. Your tax on this transaction . . .

(a) Is the same as for ordinary income.

(b) May not exceed the capital gains ceiling of 26 per cent.

(c) Is based on 50 per cent of your capital gain.

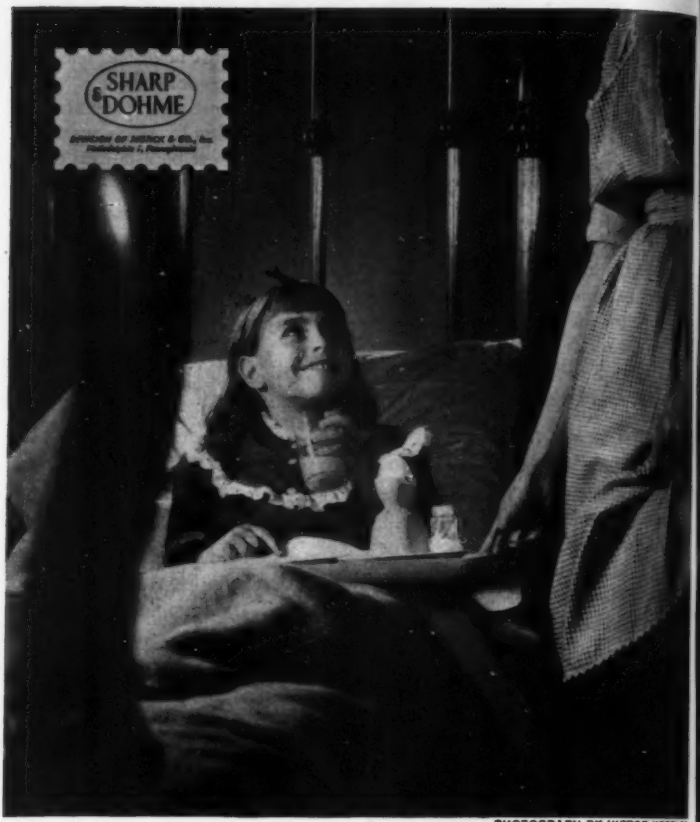
10. You have made a gift of stock to one of your children. If the dividends amount to less than $600 . . .

(a) The dividends must be reported, but no tax is imposed.

(b) The dividends are taxed as a capital gain.

(c) The transaction doesn't deprive you of the dependency exemption for the child.

[ANSWERS ON PAGE 197]



PHOTOGRAPH BY VICTOR KEPPLER

"Now I can swallow easily—my throat's much better"

TRACINETS®

BACITRACIN-TYROTHRICIN TROCHES WITH BENZOCAINE

Your patients will like TRACINETS because they really soothe irritated throats—taste good, besides.

Two topical antibiotics combined, bacitracin and tyrothricin, give your patients double antibacterial action, while benzocaine provides a soothing, anesthetic effect. In severe throat infections, TRACINETS conveniently supplement systemic therapy.

Quick information: Each TRACINET contains 50 units of bacitracin, 1 mg. of tyrothricin and 5 mg. of benzocaine. Supplied in vials of 12.

XUM

Answers to Income Tax Quiz

(SEE PAGE 193)

In all these answers, of course, it has been taken for granted that transactions are made in good faith and that there are no special circumstances that could possibly alter the over-all picture.

1. (b) A joint return is best for husband and wife, except in unusual situations (including some situations that involve medical expenses and capital losses). It's wise to figure the tax both ways before deciding. If your wife uses her exemption in a separate return, you aren't allowed to claim it in yours.

2. (c) The interest on the first and second loans can be deducted as business expense. The interest on the third loan is a personal deduction—unless, of course, you take the standard deduction.

3. (c) Certain types of organizations, such as religious and educational associations, aren't required to pay tax; but *you* must pay tax on all interest from their bonds.

4. (b) The wages are deductible if they're reasonable. And the exemption isn't lost, if she qualifies in all other respects, until her gross income reaches $600.

5. (b) State income tax isn't a deductible business expense; but it may, as you probably know, be taken as an itemized personal deduction if you're not using the standard deduction.

6. (c) Your deduction for a charitable contribution is the value of the gift at the time it's made. You are *not* considered to have realized a taxable gain when you give away property that has increased in value.

7. (d) The dependent may be either a U.S. citizen or a resident of the U.S., Canada, or Mexico.

8. (a) You established your fiscal year when you filed your first return after organizing your partnership. You may change it only with Government permission, requested at least sixty days before the proposed year-end date.

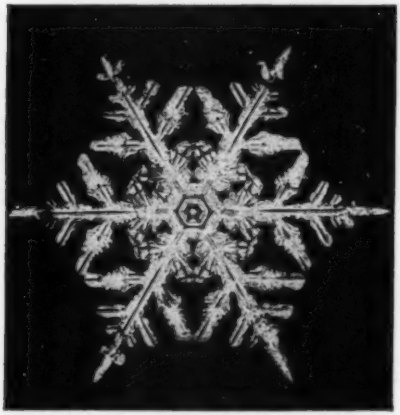
9. (a) But if you had held the stock beyond six months you would have had a *long*-term instead of *short*-term capital gain. You would have been taxed on only 50 per cent of the gain, and the tax itself could not have exceeded 26 per cent of the gain.

10. (c) The dividends are considered income to the child, assuming that the gift is genuine; and no return is required from anyone who has less than $600 of gross income.

END

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Of exquisite delicacy...



A single snowflake highly magnified

The infant's skin is also a structure of exquisite delicacy.

This is why Johnson's Baby Lotion is so carefully formulated...why it has been subjected to the most exhaustive research studies in both the laboratory and the clinic.

These studies have shown that in the prophylaxis and management of the common dermatoses of infancy, Johnson's Baby Lotion is a highly effective agent... as well as an ideal lotion-type product for routine baby skin care.



Johnson's Baby Lotion

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The Challenge of Voluntary Health Insurance

Are 'over-cooperative' physicians endangering V.H.I.? Here's a remarkably clear discussion of why the answer to this question must be 'yes'

By Ralph J. Walker

● You have often heard of the challenge *to* voluntary health insurance. Here, however, I shall speak of the challenge *of* V.H.I., since I want to discuss it as a challenge from *within* the concept of voluntary health insurance rather than as a challenge from *outside*.

If I were to ask doctors, "What does 'voluntary health insurance' mean?" I'm sure I'd get a variety of answers –among them, these:

¶ It means patients' ability to get health services when needed.

¶ It means a chance for patients to pay in advance, on a budget basis, for health services.

¶ It means the free practice of medicine, unhindered by Government dictate and regimentation.

¶ It means one more of those damn claim forms!

But none of those answers is exactly right. To begin with, voluntary health insurance has nothing to do with the provision of health services. It simply provides money with which to pay for such services. [MORE→

MR. WALKER *is vice president of the Pacific Mutual Life Insurance Company, Los Angeles. This article approximates a talk he gave before the National Association of Clinic Managers.*

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They've heard the call for

Vi-Daylin

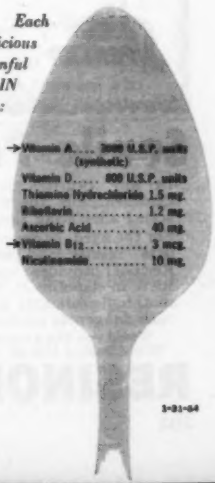
(Homogenized
Mixture of Vitamins
A, D, B_1, B_2, B_{12}, C and
Nicotinamide, Abbott)

If youngsters freeze up at vitamin time, melt away their resistance with VI-DAYLIN.

Every lip-smacking spoonful of VI-DAYLIN carries a full day's serving of *seven* important vitamins—including 3 mcg. of body-building B_{12}. And with synthetic vitamin A, there's not a trace of fish oil to dampen its delicious taste.

VI-DAYLIN needs no pre-mixing, no droppers, no refrigeration. Mother can pour it as is—serve it with milk, juices or cereal—and store it where she wishes. Won't you compare the taste? You'll see why VI-DAYLIN lures the little patients (and their Mommas) at one sight of the spoon. In 90-cc., 8-fluidounce and one-pint bottles. Abbott

Each delicious 5-cc. teaspoonful of VI-DAYLIN contains:



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A TRANQUILIZER—ANTIHYPERTENSIVE

¶ A single known entity with predictable results in comparison with whole root therapy

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In any pruritic condition Resinol Ointment fills the need for a quick acting alleviating agent.

For the aged, however, when skin dryness results in persistent itching, Resinol provides remarkable relief. Rich in lanolin, it lubricates as its soothing medicants allay itching and curb dangerous scratching.

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RESINOL OINTMENT and SOAP

Actually, the term "health insurance" is a misnomer. *Insurance* cannot be used to insure *health*. Health is assured by good diet, plenty of rest, clean living, and the like—by having enough sense to come in out of the rain, so to speak.

Yet, though it's misleading to speak about "health insurance," there isn't much we can do about the words themselves. We're stuck with the name; and probably all we can do from here on out is to explain that it's a poor one—that even as simple a thing as a periodic physical examination cannot be handled through the insurance mechanism.

Eyebrows raised? Well, let me tell you of a recent personal experience.

A large corporation was getting quite a bit of publicity about a program it had instituted of providing an annual physical check-up for each of its top executives. The president of one of *our* policyholding companies approached me and said he thought this a good idea.

"What would it cost," he said, "to add such a thing to our insurance plan?" I told him that, before I could quote a premium, I would need some additional information. Here's what I asked: How many executives would be covered, and what would each thorough examination cost?

He said that there were five executives, including himself, and that he had recently undergone a check-up at a cost of $300. My reply, then, was perfectly straightforward: "If you want such a feature added to your insurance plan, we'd limit pay-



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for the
Bowel-conscious
Patient

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1 **Hydrocholeresis –**
abundant fluid bile

2 **Spasmolysis –**
safe and dependable
relaxation of biliary tree

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Dehydrocholic acid
250 mg.

Homatropine methylbromide
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broad-spectrum therapy

Terramycin

BRAND OF OXYTETRACYCLINE

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an agent of choice

in the treatment of a wide range of infections due to gram-positive and gram-negative bacteria, spirochetes, rickettsiae, certain large viruses and protozoa.

clinical advantages known

rapid absorption — Within an hour after oral administration in fasting or non-fasting state, effective serum concentrations of Terramycin may be attained.[1] It is widely distributed in body fluids, organs and tissues and diffuses readily through the placental membrane.[2,3]

wide distribution

prompt response — Immediate evidence of Terramycin's efficacy is often obtained by the rapid return of temperature to normal.[4] Widely used among patients of all ages, this tested broad-spectrum antibiotic is well tolerated,[5] often when other antibiotics are not.[6]

excellent toleration

1. Sayer, R. J., et al.: Am. J. M. Sc. 221:266 (Mar.) 1951.
2. Welch, H.: Ann. New York Acad. Sc. 53:253 (Sept.) 1950.
3. Werner, C. A., et al.: Proc. Soc. Exper. Biol. & Med. 74:261 (June) 1950.
4. Wolman, B., et al.: Brit. M. J. 1:419 (Feb. 23) 1952.
5. Potterfield, T. G., et al.: J. Philadelphia Gen. Hosp. 2:4 (Jan.) 1951.
6. King, E. Q., et al.: J. A. M. A. 143:1 (May 6) 1950.

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Division, Chas. Pfizer & Co., Inc.

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ment to $300 and would charge a premium of about $350 per year for each executive so covered."

"Why," he exclaimed, "that's no insurance! You have a sure thing; you can't lose."

"Exactly," I replied. "But we can't gain either, because we have a sure claim in the amount of $300 each year for each executive. Of course, there's the possibility that one of your executives would think it all tomfoolery and would refuse to go to the clinic; but in that event, I'm sure you wouldn't want him included in the plan."

Needless to say, he dropped the subject.

What Is Insurance?

So much for the "health" part of voluntary health insurance.

Do we all understand the meaning of the word "insurance"? Insurance may be defined as the pooling of relatively small, regular premiums paid by or for a large number of persons subject to a serious hazard, with the funds thus assembled being used to provide economic recompense for the relatively small number of persons who fall victim to that hazard.

In health insurance, the hazard insured against is *economic hardship* resulting from the cost of treating ill health. And the fact that health insurance may insure against *trivial* as well as *serious* expenses doesn't in any way change its proper objective.

In order to explain the insurance mechanism at work in this field, let's begin with the simplest possible example: Dr. Jones, a practicing physician in Middletown, sets up a plan under which he collects periodic payments from residents who want to participate, and for such payments, he agrees to minister to their ills.

By so doing, Dr. Jones becomes an insurer. He collects money from subscribers, pays his collection and promotion expenses, and pockets the balance of the money to cover professional expenses and to realize a net profit for his services. You recognize that Dr. Jones occupies two positions: He is an insurer, *and* he is a practicing physician.

The One-Doctor Plan

The insurance mechanism in the above case differs from the operation of the largest insurance company in only one major respect: the method of handling the risk of adverse fluctuation in experience. In other words, if an epidemic comes along, Dr. Jones must work his *own* head off, since he's both insurer and provider of health services.

(But, in a true sense, what Dr. Jones really does is to vary his fee as a provider of health services, depending upon the quantity of services needed. For Dr. Jones, as an insurer, has only a fixed amount of money to pay to himself as physician.)

Let's analyze this major difference among three types of insurers:

vitamin

protection

for the

young child . . .



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. . . in a pleasant-tasting, teaspoonful-dose form

'Homicebrin'

(Homogenized Multiple Vitamins, Lilly)

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EACH TEASPOONFUL (5 CC.) PROVIDES:

Vitamin A	3,000 units
Vitamin D	1,000 units
Thiamin Chloride	1 mg.
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Vitamin B_{12} (Activity Equivalent)	3 mcg.
Ascorbic Acid	60 mg.

IN BOTTLES OF 60 CC., 120 CC., AND 1 PINT

DOSE

Usually 1 teaspoonful daily.

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1. In the one-doctor plan just discussed, the doctor varies his fee for services directly as the demand for such services rises or falls. If, that is, he has a lot of patients, he gets less per treatment than if the patient load is light.

2. In the Blue Shield plan, reserves are accumulated to absorb adverse fluctuations; but if the reserves prove inadequate, the doctors must reduce their charges.

3. In a private insurance company, adverse fluctuations are absorbed either out of specific reserves or out of surplus. In no event is the doctor or patient called upon to make a sacrifice.

As the one-doctor plan grows, a clerk probably becomes necessary to handle the insurance mechanism. If this clerk isn't a slave, he obviously wants to make some money at the job. So, to strengthen his position and increase his salary, he'll promote the idea and enlist more subscribers. In so doing, he'll doubtless have selling expenses that must be paid for out of the insurance operations.

What Expansion Entails

Soon it will take *several* doctors to handle the increased demands for health services among the increased number of subscribers. Problems of fees for the several doctors then arise. The fee problem may be solved in one of several ways:

The original doctor, retaining all

Cortef† for inflammation

neomycin for infection

Neo-Cortef

†TRADEMARK FOR UPJOHN'S BRAND OF HYDROCORTISONE (COMPOUND F)

*TRADEMARK FOR UPJOHN'S BRAND OF HYDROCORTISONE (COMPOUND F) WITH NEOMYCIN SULFATE

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Available in 5 Gm. and 20 Gm. tubes

Each gram contains:

Hydrocortisone acetate .... 10 mg. (1%) or 25 mg. (2½%)
Neomycin sulfate ..... 5 mg.
(equivalent to 3.5 mg. neomycin base)
Methylparaben ..... 0.2 mg.
Butyl-p-hydroxybenzoate ..... 1.8 mg.

Upjohn *The Upjohn Company, Kalamazoo, Michigan*

DEXEDRINE*

not only curbs appetite in weight reduction but also helps

to form good eating habits 

Most physicians agree that a weight-reducing program has two phases: (1) weight loss and (2) maintenance of weight loss. The second phase is as important as the first and in many cases harder to achieve.

'Dexedrine' can help your patients to lose weight and, equally important, to maintain weight loss. While on 'Dexedrine' therapy the patient becomes accustomed to a lowered food intake. When 'Dexedrine' is withdrawn, the adjustment made with the help of 'Dexedrine' ordinarily persists in the form of good eating habits.

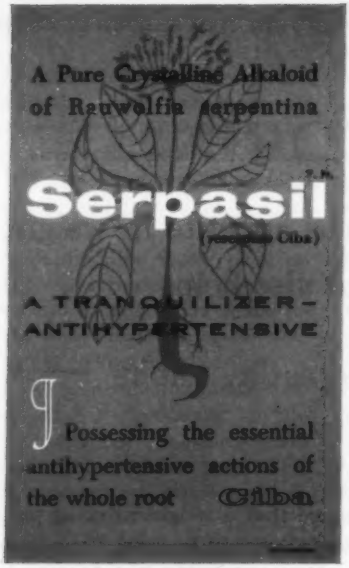
'Dexedrine' *standard for appetite control*

Tablets · Elixir · Spansule† capsules

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*T.M. Reg. U.S. Pat. Off. for dextro-amphetamine sulfate, S.K.F.

†Trademark for S.K.F.'s brand of sustained release capsules (patent applied for).



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ARNAR-STONE LABORATORIES, Inc.
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proprietary interest in the insurance operations, may pay the other doctors a fixed salary. Or the other doctors may share to a limited extent in the insurance operations. Or the funds available for payment for services may be split among all the M.D.s in proportion to the amount of services rendered.

As the plan spreads, the clerical, merchandising, and medical personnel multiply. So it inevitably becomes desirable to make a complete separation of insurance functions from the provision of health services. Next, in order to accumulate reserves without incurring excess income tax liability, it's found best to incorporate. And with incorporation, what have we got?

We've got a typical Blue Shield insurance plan!

Doctors who participate in Blue Shield are, as you know, compensated on a fee-for-service basis, in order that those providing the most services will get the most money from the insurance fund. Since there is no substantial paid-in capital or surplus, the doctors must agree to share the insurance risk; they must, to put it another way, adopt a variable fee schedule depending upon the amount of money to be distributed from the insurance operations.

But if and when any such plan accumulates a substantial surplus, the variable fee may be dropped completely. And in this event, the insurance *plan* becomes an insurance *company*, no matter what it's called.

Health insurance involves noth-



Massengill POWDER

acid vaginal douche

The vaginal acid reaction is an important factor in preserving the normal vaginal flora and in suppressing the growth of undesirable invaders. It is rational, therefore, to use cleansing and therapeutic applications with an acid pH. Massengill Powder in the standard solution has a pH of 3.5 to 4.5, approximating the acidity of the normal, healthy vagina.

Massengill Powder solution provides a vaginal douche that is cleansing, soothing, deodorizing, and highly useful as an adjunct in the treatment of many pathological conditions of the vaginal tract producing leukorrhea. Because the solution is nonirritating, it can be used for routine feminine hygiene. Its clean, refreshing odor makes Massengill Powder acceptable to the most fastidious patient.

Massengill Powder contains: Boric Acid, Ammonium Alum, Berberine Salt, Phenol, Menthol Isomers, Thymol, Eucalyptol and Aromatics.

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GENEROUS SAMPLE ON REQUEST



PHOTOGRAPH BY PAUL RADKAY

"All showed prompt clinical improvement"[1]

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PENICILLIN WITH PROBENECID—THE NEW ORAL "LONGER-ACTING" PENICILLIN

Plasma levels with *oral* REMANDEN compare favorably with those obtained by injection of procaine penicillin. In a group of 20 children treated with REMANDEN, three hours after administration average penicillin plasma level was ten times higher than minimum inhibitory level for beta-hemolytic streptococcus found in scarlet fever.[1]

Quick information: 100,000 or 250,000 units of crystalline penicillin G and 0.25 Gm. of probenecid (Benemid®) per tablet. *Adults*—4 REMANDEN—100 tablets initially, then 2 every 6 or 8 hours. *Children*—usually 2 to 4 REMANDEN—100 tablets daily.

Reference: 1. J. Pediat. 42:292 (March) 1953.

XUM

ing unique in the insurance process. Confusion arises in the minds of men because they fail to distinguish between the insurance mechanism and the service mechanism. As I've shown, the insurance mechanism is essentially the same, from the simplest one-doctor health plan to the most complex multiple-line insurance company.

Now we're ready to see what the insurance mechanism is *not*. For one thing, it's not a duplicating machine, turning out replicas of dollar bills received. Nor is it a multiplying machine, which can change one dollar into two or three. The insurance mechanism can *only distribute* the dollars it gets. It can't provide health services; all it can do is distribute dollars to *pay* for health services.

You may ask the question: What, then, is a *service* plan? My answer: Just another misnomer—there is no such thing. No insurance mechanism can provide, or guarantee to provide, health services. All it can do is pay for services provided.

What Service Means

When we speak of "service" plans, we're really discussing how much of the *bill* for services is covered by insurance. The insurance may cover the entire bill, or it may cover less, either by design or by circumstance.

Traditionally, private insurance companies have provided less than full health service coverage, while Blue Cross and Blue Shield have attempted to cover the full charge. Tradition is being broken; and both types of insurers are currently tending to provide the full cost of some services and a designated portion of others.

In the one-doctor plan, the patient may have to pay a nominal sum—say $1—for each home or office call. This is co-insurance, the sole purpose of which is to discourage unnecessary calls. A more complex plan may exclude the first several calls. This is a form of co-insurance more properly termed deductible insurance. Its purpose: to discourage unnecessary visits and to eliminate trifling expenses from the insurance plan.

Who Is Paid?

The insurance mechanism isn't concerned with who gets the money it pays. Sometimes it's said that a service plan differs from an indemnity plan in that one pays the provider of the service while the other pays the insured. But this isn't a valid distinction.

Where there's a panel of doctors or hospitals, as under Blue Cross and Blue Shield, it has been customary for the insurance mechanism to pay the participating providers of service directly. However, this does not mean that other plans don't pay the provider. A great many do.

Another misnomer, by the way, is "middleman," when used in connection with voluntary health insurance. It's said in some circles that doctors should run their own pro-

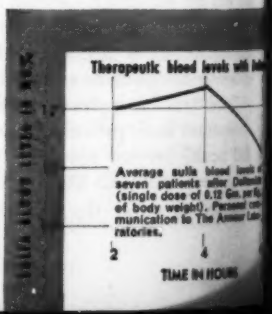




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secondary
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THE NEW QUADRI-SULFA MIXTURES

Recent clinical reports show that the therapeutic effect of a multiple sulfonamide mixture is related to the total sulfonamides present.[1] In Deltamide, the dose of each sulfa is reduced while maintaining total clinical efficacy. In Deltamide *w*/Penicillin, synergistic action increases antibacterial effectiveness.[2] Deltamide provides high, sustained therapeutic blood levels with minimal danger of renal toxicity and blockage.

DELTAMIDE

w/penicillin

Deltamide *w*/Penicillin is available in two dosage forms—tablets and pleasant-tasting chocolate-flavored suspension.

Each tablet, or each teaspoonful (5 cc.) of suspension, provides:

Sulfadiazine	0.167 Gm.
Sulfamerazine	0.167 Gm.
Sulfamethazine	0.056 Gm.
Sulfacetamide	0.111 Gm.
Potassium Penicillin G (Buffered)	250,000 units

Tablets: Bottles of 36 and 100.

Powder for Suspension: 60 cc. bottles to provide 2 oz. of suspension by the addition of 40 cc. of water.

DELTAMIDE

the new fourth dimension in sulfa therapy

Each tablet or each teaspoonful (5 cc.) provides:

Sulfadiazine	0.167 Gm.
Sulfamerazine	0.167 Gm.
Sulfamethazine	0.056 Gm.
Sulfacetamide	0.111 Gm.

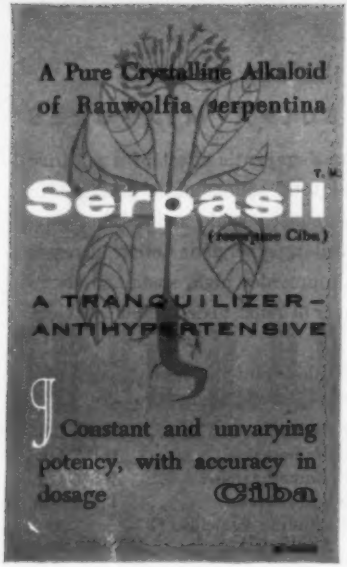
Tablets: Bottles of 100 and 1000.

Suspension: Bottles of 4 and 16 oz.

References: (1) Lehr, D.: Antibiotics & Chemotherapy *3:* 71, 1953; (2) Goldstein, A.: New England Journal of Medicine *240:* 137. 1949.

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Now available, as the result of numerous requests from physicians, is a portfolio of reprints on group practice and partnerships. It contains about a dozen of the most requested articles on these subjects published in MEDICAL ECONOMICS. The portfolio is book size, with a durable, leatherette cover and with the title stamped in gold. Prepaid price: $2.

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gram, thereby eliminating the "middleman." Actually, health insurance can't be operated without a middleman between the consumer and the provider of services.

Why not? Because the insurance mechanism itself is a middleman. The clerk who handles it for the one-doctor plan is a middleman. The corporation handling the insurance mechanism of Blue Shield is a middleman.

No Profit

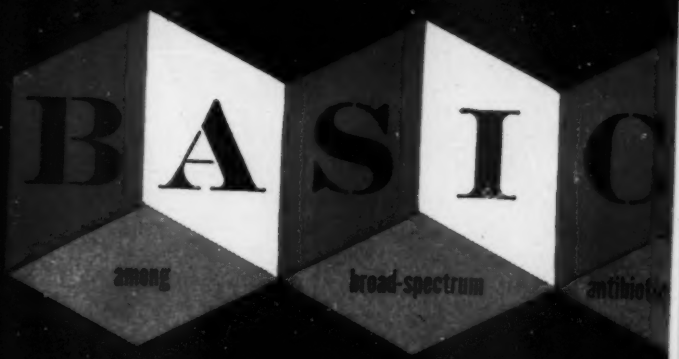
Then there are those people who say that no one should make a profit out of human misery. But the doctor does, or he wouldn't be in practice; his office nurse does, or she wouldn't work for the doctor; the doctor's landlord does; and so on and on.

What can be meant by the statement that no one should make a profit out of human misery? I for one don't know.

And while we're debunking, let us, for the record, consider another term: prepayment. We frequently hear of prepaid health insurance and prepaid medical care. But is it possible to prepay a totally unknown expense? Is anything prepaid? Has the subscriber any *vested* rights? Obviously and definitely, no!

The use of this unfortunate word "prepayment" has led to nothing but trouble. Too often the consumer actually believes that he has prepaid something; and so he tries to get "his money's worth."

It's no more possible to have a prepayment plan in the health or ill-


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broad-spectrum

J. B. Roerig and Company announces the availability of a basic new anti-infective agent



Tet

pneumococcal infections,
including pneumonia,
with or without bacteremia;
streptococcal infections,
with or without bacteremia,
including follicular tonsillitis,
septic sore throat,
scarlet fever,
pharyngitis,
cellulitis;
urinary tract infections due to
susceptible organisms, and
meningitis;
many staphylococcal infections,
with or without bacteremia,
including furunculosis,
septicemia,
abscesses,
impetigo,
acute otitis media,
ophthalmic infections,
susceptible urinary tract infections,
bronchopulmonary infections,
acute bronchitis,
pharyngitis,
laryngotracheitis,
tracheobronchitis,
sinusitis,
tonsillitis,
otitis media, and
osteomyelitis;
certain mixed bacterial infections;
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it has a wide range of antimicrobial action in vitro and in vivo

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it is effective against both gram-positive and gram-negative bacteria

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TETRACYN INTRAVENOUS Vials of 250 mg., and 500 mg.
TETRACYN ORAL SUSPENSION *(amphoteric) (chocolate-flavored)* Bottles of 1.5 Gm.; provides 250 mg. per 5 cc. teaspoonful

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health field than it is in the fire insurance field, except as premiums are paid in advance, thus guaranteeing *insurance* for a period in the future. The only kind of prepayment that the insurance mechanism is capable of recognizing is the payment of *premiums* in advance.

Bad Philanthropy

Now to get back to the insurance mechanism: Be it a one-doctor plan, Blue Shield, or a private insurance company, it is, as I've said, neither a duplicating nor a multiplying machine. Yet, unfortunately, the insurance companies have acted like philanthropic organizations in recent years, paying out more money in claims and expenses than they've collected.

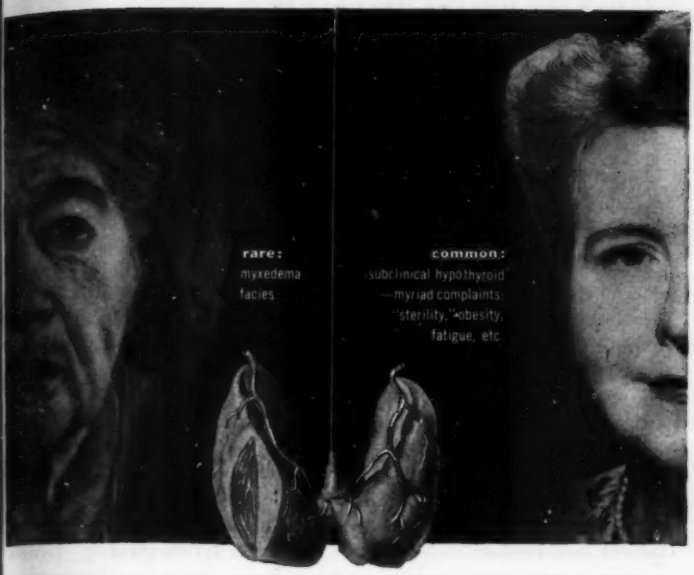
However, this *hasn't been intentional*. It has been caused by a steady increase in claim payments, beginning in 1949. The insurance companies have now taken two steps to correct the imbalance:

1. They have increased their income. In doing so, they have recognized that there's a limit to the amount of money people will pay for the "voluntary" tag on health insurance. (I believe, by the way, that we have now reached that limit.)

2. They have tried to cut costs. While the companies want to pay all legitimate claims, they have begun to question certain abuses.

As you know, there will always be a limited number of deliberate chiselers in any field of endeavor, even among hospitals, doctors, patients,

DIABETES
"The ideal detection center is the office of the family physician."
Blotner, H., and Marble, A.: New England J. Med. 245:567 (Oct. 13) 1951.
20,255 "new" diabetics were found in one year
by 5000 physicians responding to a recent nationwide poll.
CLINITEST® BRAND for detection of urine-sugar
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The patient with subclinical hypothyroidism can be given a course of Proloid therapy with assurance of an adequate and smooth response. Proloid potency is uniform, practically eliminating unknowing overdosage or underdosage due to potency variation—freeing therapy of disturbing ups and downs. This makes Proloid therapy easier to manage and evaluate. Prescribe Proloid—virtually pure thyroglobulin. It's assayed chemically, as well as biologically in test animals.

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and insurance companies. But the intentional chiselers aren't the major problem. *Unintentional* abuse is causing the most damage—and is even bringing voluntary health insurance to the brink of financial ruin.

'Cooperation' Is Ruin

A synonym for unintentional abuse is "cooperation." All health insurance mechanisms have suffered from an excess of "cooperation" on the part of hospitals and doctors, who want to get the most for their patients out of health insurance. And doctors, I fear, are mainly to blame. Many of them don't realize that the only proper source of money with which to pay benefits is the *consumer's own pocket.*

Let me ask you a few questions:

Is it wrong for a doctor to add another office visit or two on the claim blank so that the insurance company payment will cover his bill in full?

Is it wrong for a clinic to add a few extra procedures to the claim blank for the same purpose?

Is it wrong for a doctor to hospitalize a child who doesn't need it merely because Mother might miss the regular bridge club if Sonny were kept home?

Is it wrong for a hospital (proprietary) to pad hospital expenses to make up an intended co-insurance deficiency in the insurance company's allowance for board and room, or for surgery? [MORE]

well tolerated; does not predispose to monilial infection

ILOTYCIN

(ERYTHROMYCIN, LILLY)



potent, safe, non-narcotic

TORYN*



'Toryn' "is an effective antitussive agent with anticholinergic properties primarily, but is essentially free of atropine-like [side] effects. 'Toryn' has been well tolerated and appears to have a sedative effect on the bronchioles."[1]

potent Toryn's specific depressant effect on the cough reflex is comparable to that of codeine, both in intensity and in duration.

safe Unlike codeine, 'Toryn' does not cause the constipation, drowsiness and depression so often brought on by even small doses of codeine and the other opiates.

non-narcotic 'Toryn' is a new, synthetic drug, chemically unrelated to the narcotics.

Available: Syrup, in 4 fl. oz. bottles.
Tablets, in bottles of 25.

Smith, Kline & French Laboratories, Philadelphia

1. Segal, M.S., et al.: Advances in the Physiology and Treatment of Bronchial Asthma, Quart. Rev. Allergy & Applied Immunology 6:399 (December) 1952.

*T.M. Reg. U.S. Pat. Off. for caramiphen ethanedisulfonate, S.K.F.

Is it wrong for the doctor to prescribe "the works" in diagnostic services just because there will be no direct cost to the patient?

Is it wrong for the doctor to upgrade the description of an operation, or to state that he performed a multiple procedure, just so the insurance company payment will equal his charge for the single operation performed?

Is it wrong for the doctor to have his patient come in daily for cortisone—so that the insurance company will pay for it as an office visit?

Many Such Instances

Or tell me this: What do you think of the office nurse who attached a note to the patient's bill stating: "This bill is for $10 and is for the insurance company. The charge to *you* will be $7.50. Thought you could use the extra $2.50"? (And she was stupid enough to misdirect the bill and note to the insurance company!)

Then there was the doctor who billed the patient for $10 for minor X-ray. When the patient came back to have a claim blank signed, the doctor took an assignment of benefits, told the patient he would handle it directly with the insurance company—and promptly sent a bill for $25 instead of $10. Was that physician right or wrong?

I could tell you many more such stories. But I'm sure you get the point.

Voluntary health insurance is endangered by one fundamental problem—too much cooperation. What is its challenge? Quite simply, this: It challenges all of us to have—and to spread—a full understanding of *what it is*, and *what it is not;* what it can and what it *can't* do; and, above all, what its legitimate objective is: namely, the timely provision of enough money to prevent the *necessary* cost of ill health from causing financial *hardship* to the person or persons insured. END

For Love or Money?

● A colleague of mine showed me the following note he'd received in answer to a long overdue bill:

"Dear Dr.....,

"Enclosed is a money order for $.....

Thank you for waiting so passionately.

"Mrs. ...."

Her choice of words, he says, may have been right, at that!

—M.D., MARYLAND

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Superior flavor

Exceptionally pleasant tasting... leave no unpleasant after-taste... readily accepted without coaxing.

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Require no refrigeration; no expiration date on labels. May be safely autoclaved with formula.

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Disperse instantly in formula, fruit juice or water ... mix well with Pablum and other solid foods.

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In ready-to-use form . . . no mixing necessary. Calibrated dropper assures easy, accurate dosage. For infants, drop directly into mouth or mix with other foods. For children, measure into a spoon.



Superior vitamin supplements for infants

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SIX ESSENTIAL VITAMINS FOR DROP DOSAGE

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Each 0.6 cc. of Poly-Vi-Sol supplies:

Vitamin A	5000 units
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Ascorbic acid	50 mg.
Thiamine	1 mg.
Riboflavin	0.8 mg.
Niacinamide	6 mg.

Each 0.6 cc. of Tri-Vi-Sol supplies:

Vitamin A	5000 units
Vitamin D	1000 units
Ascorbic acid	50 mg.

All vitamins are in synthetic, hypoallergenic form. Available in 15 cc. and 50 cc. bottles, with calibrated droppers.

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Children like Mulcin! Mulcin is the delicious multivitamin liquid that tastes and looks like familiar orange juice. And there's no unpleasant after-taste to spoil the treat.

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You can depend on Mulcin! Mulcin supplies well balanced amounts of all vitamins for which Recommended Daily Allowances have been established. And specially safeguarded stability makes refrigeration unnecessary . . . assures the full potency you prescribe.

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Ascorbic acid	[illegible]
Thiamine	[illegible]
Riboflavin	[illegible]
Niacinamide	[illegible]

4 ounces and 16 ounces bottles

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THE ORANGE-FLAVORED MULTIVITAMIN LIQUID

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Writing an Autobiography?

If not, you may be missing a truly thrilling experience. And it's so easy: All it takes is a prodigious memory, a flair for the dramatic—and, of course, somebody to buy the book

By Theodore Kamholtz, M.D.

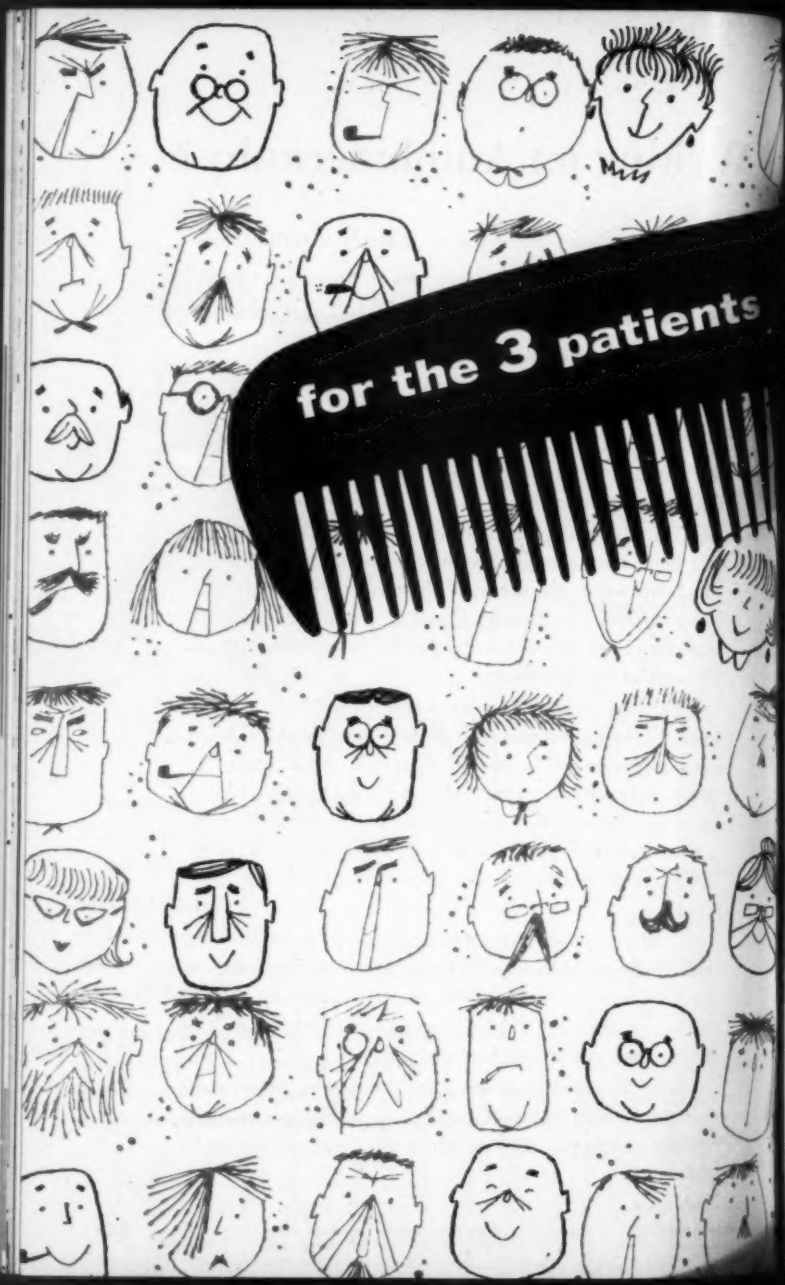
• To write an autobiography, you don't need a medical diploma—it just seems so.

An autobiography is the result of someone's conviction that he has led a singularly interesting life. This intimation beats within the breast of all mortals. For proof, hear a woman describe buying a hat, or a man tell how the front fender of his car was bashed in, or a patient unfold the saga of his operation.

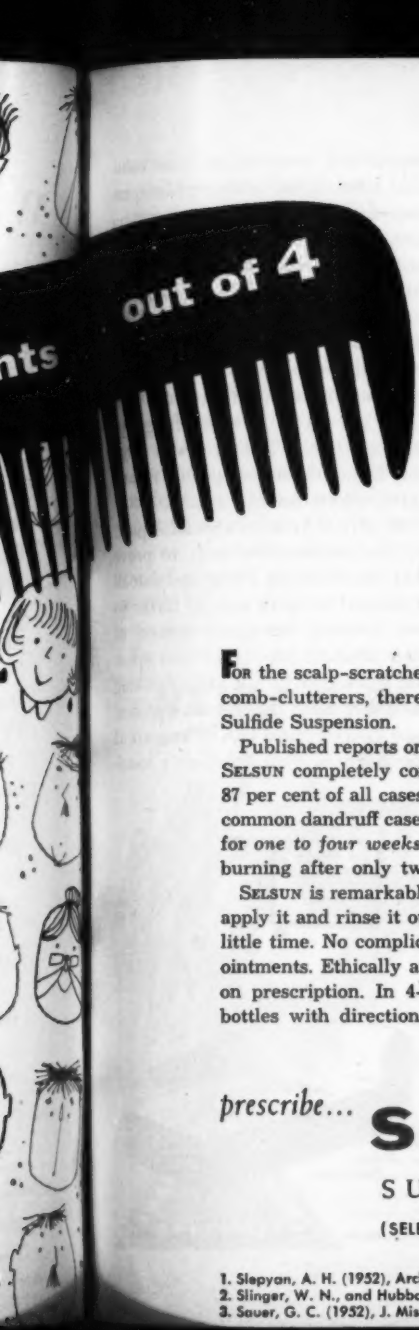
The chief requirement for writing your life's story is either a prodigious memory or the foresight to jot down your bon mots and heroic deeds as they occur. Since the public may not accept you in the form of a twenty-volume encyclopedia, the first problem will be to weed through your trunkful of notes and arrange them in logical order. A suggested outline would include the following categories:

Childhood—the Annunciation: Thus, in the midst of a full and happy childhood, it came to you (as you watched your father castrate his cattle, or your sister have a nose bleed, or your neighbors succumb to Tsutsugamushi fever) that you would become a doctor.

Early Youth—the Resolve or Dedication: What with going to school and working on your newspaper route, it wasn't easy to perfect yourself in the basic arts and tech-



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who have

seborrheic dermatitis

of the scalp

For the scalp-scratchers, shoulder-brushers and comb-clutterers, there's welcome relief with SELSUN Sulfide Suspension.

Published reports on more than 400 cases[1-3] show that SELSUN completely controls seborrheic dermatitis in 81 to 87 per cent of all cases, and in 92 to 95 per cent of common dandruff cases. It keeps the scalp free of scales for *one to four weeks*—relieves itching and burning after only two or three applications.

SELSUN is remarkably simple to use. Your patients apply it and rinse it out while washing the hair. It takes little time. No complicated procedures or messy ointments. Ethically advertised and dispensed only on prescription. In 4-fluidounce bottles with directions on label. Abbott

prescribe... **SELSUN®**

SULFIDE *Suspension*

(SELENIUM SULFIDE, ABBOTT)

1. Slepyan, A. H. (1952), Arch. Dermat. & Syph., 65:228, February.
2. Slinger, W. N., and Hubbard, D. M. (1951), *ibid.*, 64:41, July.
3. Sauer, G. C. (1952), J. Missouri M. A., 49:911, November.

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Advertisement

From where I sit *by* Joe Marsh



The Missus Keeps Posted

Ever since our electricity was cut off last year on account of me forgetting to mail in the payment, the Missus has been sort of leery about giving me any more letters to mail.

First she'd ask if I mailed them, then double-check my coat pockets at night. Then she stopped — and I figured she was convinced I'd learned my lesson.

Then yesterday, I got a postcard at the office — from the Missus herself! It read: "Thanks, Joe, for mailing my letters." Well! Looks like she thought I *still* needed some checking-up and slipped that postcard in a batch of letters.

From where I sit, an occasional check-up is a good thing. Like a check-up on our tolerance, for instance. I promise not to tell you what beverage to drink or how to practice your profession, say. I like a glass of beer with supper, you may prefer tea—but if I try to switch you to my choice, please "address" me with a reminder of your rights.

Joe Marsh

Copyright, 1953, United States Brewers Foundation

niques that were to prove so valuable later. (You comment here on your first motor-driven amputation saw, on the effects of anoxia on earthworms, on feeding your dog onion soup.)

Medical School—Professional Aspect: You describe the great characters and teachers you studied under and the inspiration they gave you. (You got an A in everything but neuroanatomy. The professor gave only Bs in this course because no one knew where the soul was.)

Medical School—Social Aspect: In this section you want to prove that you were not a prig and that all work and no play and so forth. So you recount the gayer aspects of your student life (how you spent the week-end in jail after drinking the ether from the operating room; how you cached the anatomical specimen in your landlady's hand-



". . . now tell me about your past."

kerchief; how you met the woman who became your life partner).

Interneship—Historical: Now you are warming up to the heart of your book. You enter the subject obliquely. First, you note the quaint aspects of the physical facilities (the horse-drawn ambulance, the operation in dress suit). Then you tell about the personnel. (Those old duffers were actually better doctors, even though they knew nothing about blood counts and such.) Next you come to your first case, which you have never forgotten to this day. (At this point you may become somewhat suspicious of yourself, noting that your memory for the long ago is much better than for recent events.)

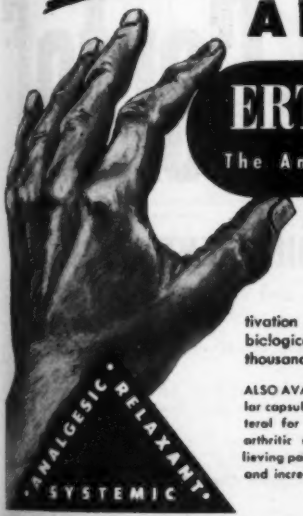
From here, your medical memoirs will depend on your literary methodology. You may remain chronologic, detailing each change of residence. Or you may write your chapters according to topics and themes. At any rate, you're pretty sure to cover some such subjects as these:

The Spice—Humor and the Bizarre: The patient who swallowed his toupee, etc.

The Dramatic: Performing an appendectomy on the carrousel during the county fair.

The Firsts: The number of these will depend, of course, on how great an innovator you were. You should be good for some firsts, even if only first-to-suggest-washing-milk-bottles-in-your-county. The idea is to make your life sound like pioneer

NEW! 3-WAY RELIEF FOR ARTHRITIS



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The Anti-Arthritic Triad

1. **ANALGESIC**—Powerful Salicylamide promptly relieves painful symptoms (162 mg. per cap.)
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3. **SYSTEMIC**—Prolonged systemic benefits from activation products (activated ergosterol—Whittier process—biologically standardized) having antirachitic activity of fifty thousand U.S.P. units 5 mg.

ALSO AVAILABLE Ertron Regular capsules and Ertron Parenteral for prolonged systemic arthritic management in relieving pain, reducing swelling and increasing joint mobility

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stuff. Quote the death rate before you started practice and twenty years after.

The Philosophical: At this point you improvise, and no factual bars need hinder you. Suggested topics:

(a) "Medicine Yesterday, Today and Tomorrow." Under this heading you discuss such questions as "Does penicillin really change human nature?" or "Is medicine practiced any better today than in days of yore?"

(b) "The Mad Pace." Here you may talk about the effect of internal combustion machines on the incidence of gallstones.

(c) "Miscellany." Under this heading you can try your private explanation of Malenkov's psychosis, or the relationship between filtered cigarettes and the divorce rate.

Conclusion—Whither Are We Going? The note here is mellow. You believe that you have led a full life; and, as you gaze on the grandchildren of girls you delivered, you are happy. But, oh, if you were only 16 again, and able to live through the wonderful discoveries that are bound to come! At this point you give the final proof of your absolute modernity—how you took up flying and marijuana at the age of 78.

There it is: the doctor's digest reduced to its most transparent formula. Yet I'm a sucker for it. When the chips are down and the stethoscope checked in, you can write your epic of "One Doctor's Life" with at least one certainty—I'll buy it. END

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PEDIATRICS BULLETIN

Prepared In The Interests Of The Profession By The Pediatrics Consultant Staff Of H. J. Heinz Company

CYANOSIS WITHOUT DYSPNEA

PHYSICIANS find that acute development of cyanosis in infancy—especially if without marked dyspnea—is rare, but very serious if misinterpreted. Pulmonary pathology, when it causes cyanosis, almost invariably is associated with marked dyspnea. Congenital cardiac defects do not usually cause a sudden onset of cyanosis, even if its appearance is delayed. The sudden onset of cyanosis, especially without marked dyspnea, should make us think of methemoglobinemia.



● **Such hemoglobin poisoning** can result from nitrites in well water containing organic material. It is interesting that, even though a whole family drinks the same water, greater susceptibility of children to methemoglobin formation may cause the infant in the family to be the sole sufferer. The initiation of this symptom may be apparently quite sudden in spite of the fact that the same water has been used for some time. Therefore, although one should be diligent in searching for other sources of poisoning, one should not forget this particular possibility in infants who live in rural communities.

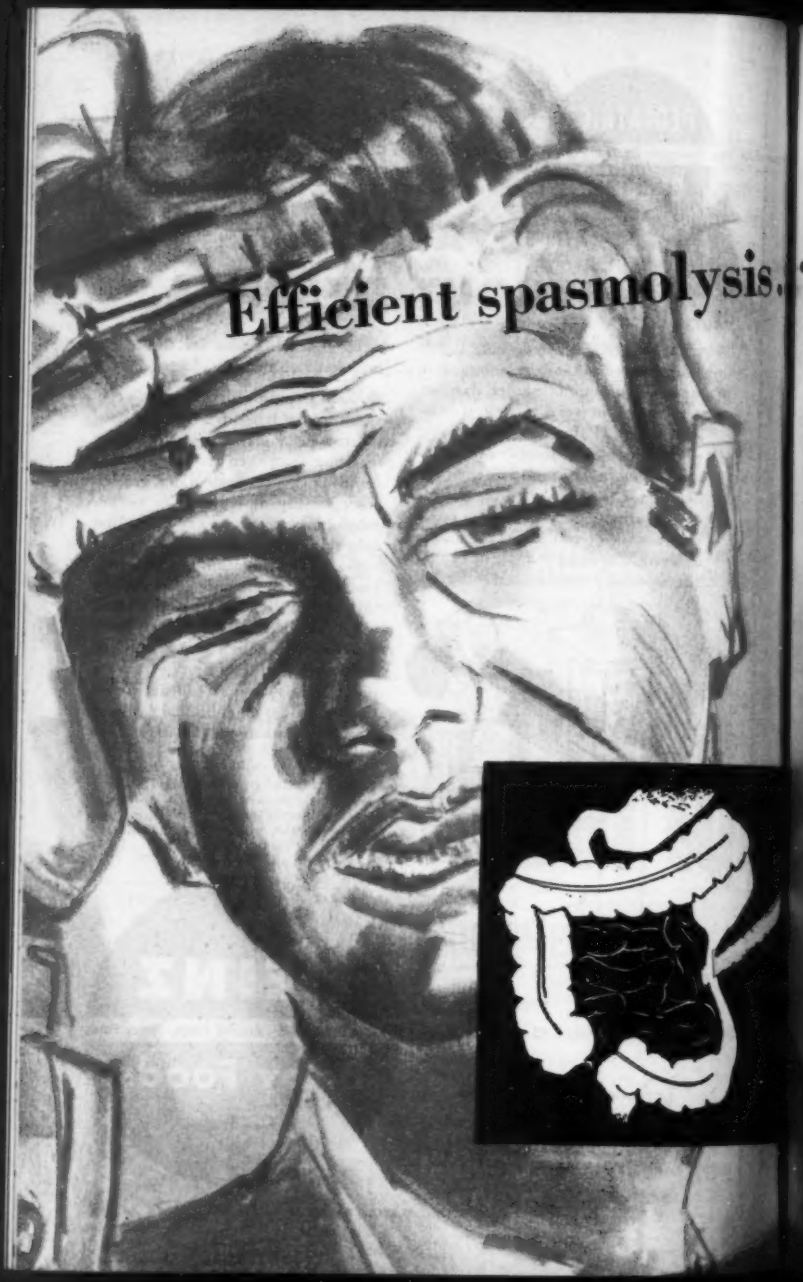
NOTE: These bulletins are designed to help disseminate modern pediatrics knowledge to the general medical profession and appear monthly in Medical Economics.

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1. Dripps, R.D., Selective Utilization of Barbiturates, J.A.M.A. 139:148 (Jan. 15) 1949.

McNEIL LABORATORIES, INC., PHILADELPHIA 32, PA.

Toys for *Your* Office?

[CONTINUED FROM 138]

if they're accurately aligned and turn freely. And so on.

The longest-lasting doll, by the way, is made of washable rubber or plastic; and it's in one piece so that its head and arms can't come loose. Its clothes, finally, are simple, sturdy, washable, and easily removed.

A last (and obvious) cardinal principle for the buying of playthings: Any toy to be used in the doctor's office must be, as far as humanly possible, perfectly safe when attacked from *any* angle by a child of *any* age.

A hobby horse, for instance, should be so firmly balanced that it won't tip over when a husky six-year-old tries to sit on its head. In the same way, no toy with sharp edges or corners should be admitted into the waiting room; and no exposed cog wheels should be given a chance to catch little fingers.

The cautious physician even examines the eyes of stuffed animals to make sure that they're firmly sewn or snapped in place—*never* fastened by sharp-pointed pins!

To be certain that all toys remain safe, my nurse and I give ours a thorough check-up from time to time. We watch out for loosened nails, splinters, sharp edges, and shaky wheels. If these can't be fixed, we immediately discard the toys. END

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How Does Your Lawyer Set His Fees?

[CONTINUED FROM 150]

an event, the lawyer may justifiably charge a fee that's high in proportion to the money at stake.

Time and Labor

More often than not, the contingent-fee arrangement isn't feasible. In many cases, it's so difficult to foresee the complications of a legal problem that the lawyer feels he must charge on a time-and-labor basis.

If you accept such an arrangement, it's wise to keep certain controls over it. If you don't, you may eventually find that the clock has run away with your pocketbook.

One way to protect yourself is suggested by the fee arrangement





Boomerang!

Over-indulgence in food and drink often causes patients to pay for their fun with upset stomach "The morning after." Whenever this happens, BiSoDol, the fast-acting antacid can provide welcome relief from stomach distress by neutralizing the excess gastric acidity and soothing stomach membranes. BiSoDol is pleasant tasting—easy to take in either tablet or powder form. Suggest BiSoDol to your patients. They'll appreciate fast-acting BiSoDol.

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worked out, some time ago, between an attorney and three pediatricians. The doctors' problem: to set up a partnership, *provided* they could reach a satisfactory agreement.

The lawyer was to get $25 for each session at which he advised his clients during preliminary negotiations. There were also prearranged fees for each legal step in the formation of the partnership; and he was to have an agreed-upon amount annually for taking care of the partnership's legal matters once it started operation.

Caution Pays

Thus, the doctors' financial commitment for legal services was under their control. It could vary from a minimum of $25—if negotiations collapsed after their first conference—to successively higher amounts as the plan progressed and as the lawyer's work increased.

For legal problems that can't be so neatly tagged to predictable stages, other fee arrangements on a time-and-labor basis are possible.

A general practitioner, for instance, entered into an agreement to buy a home-office. But at the last moment the sellers reneged on the deal; and the doctor, who took a financial loss because of the sudden collapse of his plans, immediately engaged a lawyer.

There was some doubt whether a lawsuit could be brought against the sellers. So the doctor and his law-



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Conjugated estrogens equine ("Premarin"®)	0.25 mg.
Methyltestosterone	2.5 mg.
NUTRITIONAL SUPPLEMENTS	
Vitamin C (ascorbic acid)	50.0 mg.
Thiamine HCl (B_1)	5.0 mg.
Vitamin B_{12} U.S.P. (crystalline)	1.5 mcg.
Folic acid	0.33 mg.
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d-Desoxyephedrine HCl	1.0 mg.

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SUGGESTED DOSAGE:

Male: One capsule daily, or more as required.

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yer worked out this arrangement:

The lawyer would get a small initial sum to start work on the problem. When this sum was "used up," he'd tell the G.P. what he had accomplished and how things looked. Then the physician would decide whether it was worth investing more money in the case or whether he should drop it.

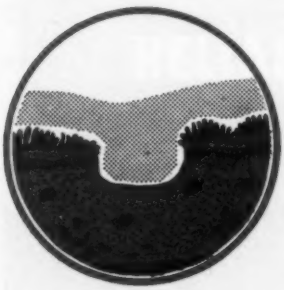
Further Criteria

There are, finally, three other yardsticks by which the legal man may measure a case when setting fees:

1. *The client's ability to pay.* There *are* lawyers, of course, who charge "all the traffic will bear"; and the line between this and ability to pay is admittedly a faint one. But you can surely distinguish between fee gouging and a genuinely sliding scale. If you're considered a man of means in your community, your lawyer may quite ethically charge you more than he does your neighbor for comparable services.

2. *His own experience and ability.* You can expect fees to reflect these qualities, intangible as they sometimes seem. The analogy with medicine here is, of course, obvious.

3. *The interest he takes in the case itself.* Once in a blue moon, a doctor's legal troubles bring him immortality—in the law books, anyway. Perhaps your problem may involve a fascinating point of law. Maybe it will be fought all the way to the U.S.



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1. Bradley, J. E., et al.: J. Pediat. 38:41, 1951; Idem: Amer. Acad. Pediat., meeting Oct. 16, 1951.

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Supreme Court. In rare instances like these, the lawyer's major compensation may be prestige.

'Discuss Them First'

Clearly, it's to your advantage for you and your lawyer to reach an early understanding about his fee. To be on the safe side, it's usually best to get the understanding in writing.

It should include a summary of the services you'll get, the over-all charge, and an estimate of legal costs —document fees, telephone tolls, court costs, travel expenses, and the like. If a contingent fee is decided upon, the sound agreement not only gives the percentage but also states that legal costs will be deducted *before* the division is made.

According to experienced attorneys, an important ingredient in the success of any client-lawyer relationship is confidence. There can't be complete confidence unless you believe that your lawyer is charging a fair price for his service.

So you might as well tell him how you feel about it. He'll prefer it that way. END



"He's sleeping!"

XUM

Your Elderly Patients

When a person's getting along in years, he's likely to have special medical and psychological problems. Do you always consider them?

By William MacDonald, M.D.

• Crotchety old Ambrose Armstrong was the town's leading citizen. His shriveled hands held the strings that controlled the big factory in the valley—strings that extended into the city hall. Like many men in their seventies, he had hard arteries, false teeth, and a large prostate. In terms of fees and prestige, he was a "good patient"—but he proved too tough to handle for most of the town's physicians.

Then along came Dr. Jackson. An ex-medical officer, he had settled in the town to carve out a professional career in competition with a dozen doctors who had been there long before him. Old Ambrose sent for Dr. Jackson because, as he put it, he was "fed up" with everyone else.

One practitioner, he complained, had treated him as if he were in his dotage—patronized him and said things like "There, there." Another had given him infuriatingly general advice, such as "Take it easy" and "Don't worry." A third had tried to make him give up his evening pipe. They were all, snorted Ambrose, a pack of fools!

All, apparently, except Dr. Jackson. He remained the Armstrong medical adviser.

Why?

For one thing, he knew how to interest himself in old people. He sized up the situation this way: A senior citizen has had a life full of interesting events. He can tell

stories of what the town was like before the state highway came through, of election-night excitement during the McKinley-Bryan campaigns, of adventurous driving in an old Stanley Steamer.

Small Talk

You could spend a pleasant quarter-hour reminiscing with old Ambrose, if you wanted to. And you'd never really get bored. While their sensitivity may be otherwise diminished, old people can tell when you are genuinely interested in them. And Dr. Jackson didn't just pretend to be interested. He really was.

Of course, Jackson had to be careful not to depend too much on complicated mechanical methods of diagnosis. It wasn't just that Ambrose was suspicious of everything newfangled. He was also too feeble to go through the exhausting procedures required by many modern techniques.

This meant that the doctor had to depend less on machinery and more on inspection, palpation, percussion and auscultation. And, as a matter of fact, Dr. Jackson rather enjoyed the challenge of this occasional throwback to the older, more intuitive clinical methods.

Treatment of an elderly patient can be tricky. Many oldsters do not, for instance, respond well to sedatives. Such drugs tend to disorient them or to cause toxic reactions. Result: The doctor has to do a little ex-

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BIBLIOGRAPHY: Case & Frederick, Am. Pract. & Dig. Treat., 2, 844, 1951; Stevens, et al, Can. M.A.J., 48, 124, 1943; Perry & Boyd, J. Pharmacol. Exper. Therap., 73, 65, 1941; Von Issekutz et al, Arch. exper. Path. Pharmakol., 164, 158, 1932; Ginzel, Arch. exper. Path. Pharmakol., 212, 331, 1951.

Lincoln

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tra thinking before he reaches for the Rx pad.

Diet poses special problems, too. The dentures that look so good during examination may be worthless as food choppers. For all you know, the patient may carefully remove his teeth before each meal. So whenever you write a nutritional prescription, you have to keep in mind the possibility of poorly balanced meals, insufficiently masticated food, and the need for soft diets.

Old people are heir to almost all the diseases that afflict the young—plus a whole catalogue of their own special infirmities. Heart disorders, swollen prostates, even malignancies, creep up slowly on the elderly patient. He's less sensitive to pain and accommodates himself automatically to changes caused by slowly developing disease. That makes the routine annual physical examination of the elderly patient especially important.

The wise medical man thinks twice before he forbids tobacco or wine. Half the time, the ban on these pleasures may rest on wobbly scientific bases, anyway. It's well to weigh the possible good effects of such a ban against the emotional (and perhaps physical) effects of deprivation on the patient already in the twilight of life.

Obviously, there's no pat formula that will work on *all* elderly patients. But Dr. Jackson's blend of common sense, patience, and understanding will do until something better comes along.

END

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'Social Sterility'

Good patient relations means not just knowing how to handle people right but also doing it

By Walter Lentino, M.D.

● "Two types of sterility are important in the practice of medicine," said the gynecologic chief to a group of medical students (myself included). "One is aseptic sterility; the other is social sterility."

The speaker was a man of immense reputation and personality. We hung on his every word:

"The importance of aseptic sterility to the doctor doing surgery is obvious. Not so obvious always is the importance of social sterility when dealing with patients in general—especially women.

"Polish some unsterilized instruments to a high luster, then place them neatly on a freshly laundered, pressed towel, and you have achieved social sterility. Conversely, toss some properly sterilized but discolored instruments on a ragged, blood-stained, unpressed towel that has been autoclaved, and the result is the opposite: You have achieved aseptic sterility; yet in the patient's eyes those instruments are dirty!"

In my years since medical school, I have reflected often on the soundness of this viewpoint. To patients, things must *look* clean. It's not enough that they *be* clean. Social sterility is judged solely by appearance—not at all by bacterial count.

Social sterility can be violated in all sorts of ways—for instance: if the doctor tries to get away with wearing a soiled white coat just once more; or if he neglects to shave

XUM

over a week-end and answers an unexpected call that way; or if he fails to shine his shoes or keep his nails clean or avoid breath odors.

I well remember hearing of an experience of an interne on the surgical service of a small private hospital. He had been instructed to pass a Levin tube for a patient with postoperative distention. Before doing so, the interne smoked a couple of cigarettes. He didn't wash his hands afterwards.

The patient was an elderly woman of considerable means and influence. During the procedure, she said nothing. But when the interne had finished, she let him have it:

"I don't want to hurt your feelings, Doctor. Some day you may become a fine physician. But you'll never reach your full potential until you learn consideration of your patients. It was bad manners and bad practice for you to pass this stomach tube with your hands smelling of tobacco. Better watch such things!"

Washing the Hands

A popular specialist I know (another gynecologist) says, "I owe my success to the American plumber. The day he installed a sink in my examining room, my reputation was made.

"I vowed early in my practice to scrub my hands directly in view of every patient before I examined her. It makes no difference whether I've just finished a ten-minute scrub or plan to do the entire examination with a gloved hand. I go through the washing ritual just the same.

"Do patients notice these niceties? Just ask my nurse what they tell her!" END

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How to Improve Your Emergency Call Plan

[CONTINUED FROM 114]

A number of the services try to help the duty doctor by setting up an inflexible rule: The switchboard girl *always* asks the emergency patient's phone number and gives it to the doctor as a matter of routine. Thus he can, if he chooses, telephone ahead and attempt to evaluate the case before rushing off.

Obviously, though, there's no easy answer to the problem. A switchboard girl can hardly be permitted to judge the urgency of a situation. The final decision as to whether a house call is required must be left to the M.D., no matter how you look at it. And it's seldom an easy decision to make by phone.

A Milwaukee physician states the case thus: "From the public relations point of view, if *anybody* thinks it's an emergency—well, it *is* one. But does this mean that we have to go out on wild goose chases forever? Of course not. The answer, I think, is to educate the public—to show them what the emergency service is for, and teach them not to abuse it."

'M.D. Out Fishing'

But *lay* abuse has been a lesser menace to the service in some areas than *doctor* abuse. It's unfortunately true that some physicians do con-

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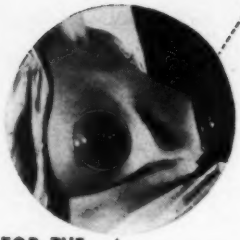
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sider their emergency call plans a convenience for themselves rather than for the public.

Doctors have been known to rule on the service whenever they've felt like a day's fishing trip or an uninterrupted evening of poker. And a few of them have gone even further.

A New Yorker, for instance, regularly pinned the service's phone number to his office door when he left for the night. For months he saw few or no patients after 5 P.M. or on week-ends. At last a delegation from the emergency call panel had to tell him, bluntly, to start taking his own night calls or find a stand-by.

Instead of waiting for trouble like this to develop, a well-planned service can often begin by guarding against it. When, a few years ago, a committee headed by Dr. Vernon Long mapped out plans for the emergency call service that now flourishes in Decatur, Ill., one of their first moves was to devise safeguards against such abuses.

Their system: Each Decatur doctor makes private arrangements with two alternates and notifies the emergency switchboard of his choices. Then, whenever he leaves town, his calls go automatically to one of the two stand-bys. The regular duty doctor is called only if both alternates are unavailable—and that seldom happens.

The Fee Problem

The other major source of friction among physicians is the matter of fees. Most doctors apparently agree

on a fair charge for a night call (generally from $5 to $10, depending on circumstances); but now and then a physician will "punish" the emergency patient with a stiff bill. Result: a black eye for the service.

So, to protect both patients and doctors, the far-sighted medical society generally adopts a fee schedule. On a typical schedule, the recommended fee for night calls (after 10 P.M.) is about $6.

Cost Is Low

What about the expense of running the emergency plan itself? Depending on the size of the area serviced, it costs from about $100 a year up to operate a typical plan. The biggest share goes, naturally, for telephone bills.

The 195 doctors in Erie, Pa., chip in slightly over $1 each to pay their $200 annual bill. The 1,200 M.D.s of Westchester County, N.Y., share an annual cost of $600. And for the more than 7,000 physicians in New York County, the total bill is about $3,000, not much more than forty cents per doctor. In very few locales does the per capita cost run much above $1.50.

And even when costs are a little higher, as in one Indiana society where the annual share amounts to about $2.50 a doctor, the results seem to be well worth the money. "We feel," says a spokesman for the society, "that we're getting a bargain, since our program guarantees prompt service for the public—and goodwill for local doctors." END



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Choosing a Location: What Part of the U.S.?

[CONTINUED FROM 154]

prosperity largely dependent on a seasonal tourist industry, has a unique problem: Many of the state's rural areas lack adequate medical services. But the big population centers are overflowing with doctors who work feverishly during the three winter months—and have barely enough patients to keep office doors open the rest of the year.

So, to prevent the situation from being aggravated by an even greater influx of doctors to the crowded areas, Florida has adopted what amounts to a restrictive policy. She's the only state that won't grant licenses by reciprocity or endorsement of credentials. And all new practitioners from out of state must pass stiff basic science as well as licensure examinations.

Boom Towns

Big-scale population gains, as evidenced in California, Arizona, and Florida, are by no means the whole story. There has been a nation-wide reshuffling since World War II which has resulted from the development of new industries and the decentralization of old ones. Thus fresh and changing opportunities for doctors are turning up in all seven regions of the United States.

Areas once considered "backward" have recently done a com-

plete about-face. Towns that didn't exist a few years ago, as well as other towns that once seemed to be falling into decay, have become flourishing small cities.

New Frontiers

Such communities—in many ways the modern equivalent of the frontier town of pioneer days—are peculiarly the province of the young doctor. There he has little to fear from the competition of older, better established physicians; actually, few medical men are likely to be much more firmly entrenched in the locality than he can be in a comparatively short time.

The new physician's patients, too, will be mostly newcomers to the area; they'll probably have no acquaintance with the older doctors and no reservations about new ones. As the town grows, so will the average practice.

Success Story

A year ago, for example, a young G.P. moved from a California city of 150,000, where the competition was stiff, to an Arizona town of 10,000, where only two other G.P.s were already practicing. On the strength of a combined agricultural and manufacturing economy, the smaller town had doubled its population in five years and was growing at the rate of 1,000 a year.

By the end of his first month, the new practitioner's income increased 40 per cent. And it's still climbing steadily.

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A New Concept of Treatment in Hypertension

Selection of Effective Drugs

TO FIT THE INDIVIDUAL PATIENT'S NEEDS



CRITICAL selection of drugs to fit the individual patient's needs has resulted in considerable progress in the management of the hypertensive patient.

Whichever criteria the physician uses to evaluate the patient's status, an armamentarium has been developed for effective treatment in virtually every type and grade of the disease.

A—No longer is it justified to withhold treatment from the patient with mild, labile hypertension. Today there is effective therapy for him, which gradually and safely lowers his blood pressure . . . gives him a sense of tranquil well-being . . . rapidly overcomes symptom flare-ups[1,2,3] . . . bids well to prove effective in arresting or at least impeding further progress of the disease.

B—Broad clinical research has led to the development of drug combinations advantageous in treatment of more advanced or resistant cases. In these combinations, apparently through synergistic action, considerably smaller dosages of the potent hypotensives (as much as 50% less) deliver full therapeutic efficacy . . . in a higher percentage of patients . . . lessen the dangers inherent in some of them . . . reduce the incidence and severity of side actions . . . render successful treatment less difficult.[4,5,6]

Much of the recent advancement has been made available to the physician through research by Riker Laboratories. Among Riker "Firsts" are alkavervir, alseroxylon, and the combinations here shown.

There is...

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2. Wilkins, R.W.; Judson, W.E., and Stanton, J.R.: Proc. New England Cardiovas. Soc., 1951-1952, p. 34.
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Effectiveness of Rauwiloid is assured by demonstrating in dogs the ability of each batch to produce the desired hypotension, bradycardia, and sedation. Centrally mediated, its action is not adrenergic or ganglionic blockade, does not lead to postural hypotension.

Dosage is not critical; increasing it beyond the minimum effective produces but little increment of hypotensive effect or side actions. There are no known contraindications, and tolerance does not develop.

Dosage: One dose per day, initially 2 tablets (2 mg. each), taken on retiring; after full effect is reached, 1 tablet per day frequently is adequate for maintenance.

IN GRADES II and III

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for Moderate to Severe Hypertension

The combination of Rauwiloid with the faster-acting, more potent hypotensive—Veriloid—provides effective therapy with least risk. Apparently potentiation makes smaller dosage of Veriloid produce the desired hypotensive effect.

Each tablet of Rauwiloid + Veriloid presents 1 mg. of Rauwiloid and 3 mg. of Veriloid. Initial dose, 1 tablet t.i.d., best after meals. After 2 weeks, for establishment of Rauwiloid effect, dosage should be raised if required. Average maintenance dose, 1 tablet q.i.d.; occasionally up to 2 tablets q.i.d.

At the effective dosage level the side actions to Veriloid (nausea and vomiting) are rarely encountered. In a high percentage of cases the combination provides rapid relief of symptoms, blood pressure is lowered, dosage adjustment is simplified, the patient gains a new sense of well-being, and—without danger of excessive hypotension. The addition of Rauwiloid greatly increases the percentage of patients in whom veratrum proves effective.

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Cautions and contraindications are only those applying to hexamethonium; but diligent patient supervision and careful instruction of the patient remain mandatory.

Therapy should be initiated with ¼ tablet q.i.d., not less than 4 hours apart, best after meals and on retiring. After two weeks, when Rauwiloid effect has been established, dosage should be increased by 1 tablet per day, but not oftener than twice weekly, until desired effect is obtained.

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CHOOSING A LOCATION

Comparable situations are to be found in the Southeast, where new industrial enterprises are constantly starting up and old ones relocating from their previous sites in New England and the Middle East. Virginia, the Carolinas, Tennessee, and Louisiana are the scenes of some of the more notable of these economic changes.

Where to Look

Certain other sections of the country are booming, too. Parts of the Middle Eastern states of New Jersey, Delaware, and Maryland are being, so to speak, rediscovered. In the Central region, big changes are taking place in Michigan, Ohio, and Indiana. In the Northwest, Utah, Colorado, and Wyoming look particularly promising. And in the Southwest, New Mexico is undergoing the same experience as Arizona, on a somewhat more modest scale; and booming Texas shows no sign of slowing down.

But you needn't cross other states off your list simply because their showings are less spectacular. Local situations that aren't reflected in over-all statistics may provide exactly what you're looking for. And your practice, after all, will be strictly local.

In this article, we've taken a look at some of the things to keep in mind when choosing a *general* area. The exact locale is another matter. At a later date, we'll discuss how to pinpoint possible sites within the chosen region or state. END

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chronic leg ulcer





SEPTEMBER 6

Chronic varicose ulcer in an elderly, obese patient. Therapy with several topical medicaments has produced little or no improvement.

OCTOBER 11

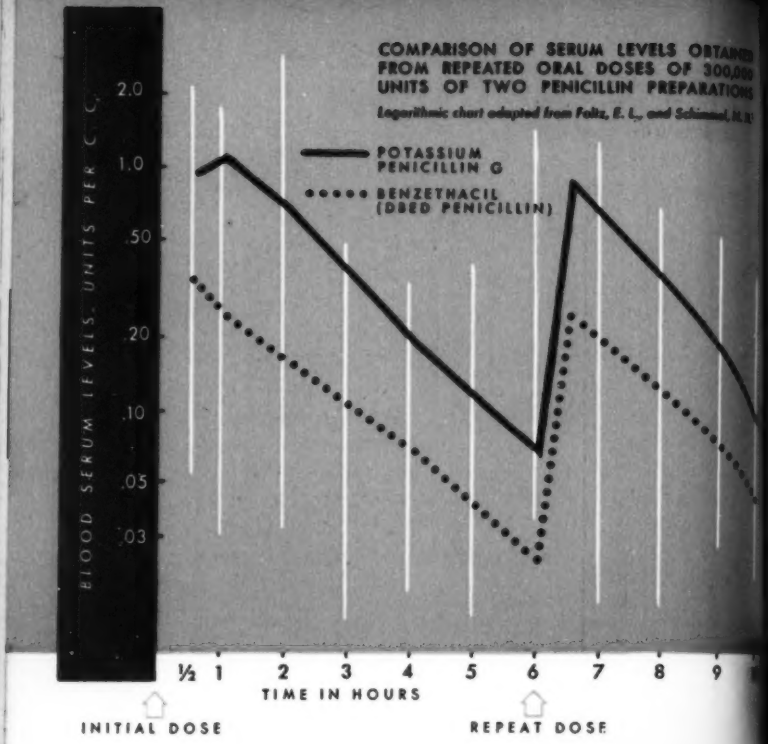
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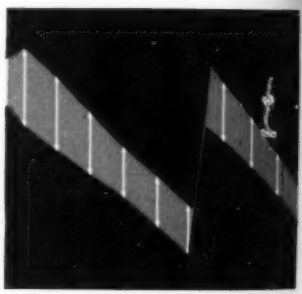
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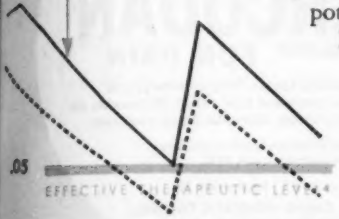
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A V.A. Doctor Talks Back

'You private physicians have an entirely wrong slant on us,' he insists. 'We practice good medicine, we keep scientifically alert—and we are certainly not out to steal your patients'

By Leslie Baxter, M.D.

● At a convention last fall, I met a colleague whom I hadn't seen in years. With him was a well-known cardiologist, and the three of us were soon involved in an animated professional discussion. Then my friend happened to mention that I was "with the V.A."

He might as well have called me a chiropractor. The heart specialist's face fell. Before long he mumbled an excuse and drifted away.

Perhaps I should add that this eminent medical man is a Veterans Administration consultant—a fact that he seems proud to include in any biographical listing. But apparently he looks down on the full-time V.A. doctor.

Why so? Because, I contend, he—like too many of his colleagues—doesn't *know* much about the full-time V.A. doctor. And that kind of uninformed snobbery angers me.

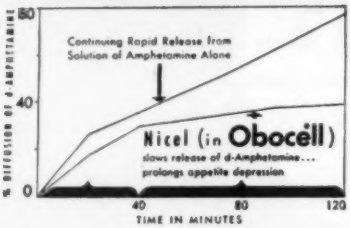
When the private physician runs down V.A. medicine, he's far too likely to base his judgments on prejudice alone. To show what I mean, let's examine some common

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**The author, who writes here under a pen name, practices full-time in a Veterans Administration regional office clinic. Naturally, he alone is responsible for the views expressed in this article. For other recent* MEDICAL ECONOMICS *articles on the V.A. question, see "Veterans' Care: How Far Is It Going?" and "That Veterans' Lobby," which appeared, respectively, in the issues of October and November, 1953.*

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criticisms. I'll take them up one by one:

1. V.A. doctors are second-rate medical men.

This is sheer slander. After eleven years with the Veterans Administration, I will gladly stake my honor on the brand of medicine practiced by my colleagues there.

Oh, I'll concede that we earn less than does the average private M.D. If that's your yardstick, I suppose we *are* second-rate. But if your criterion is the *quality of medical care provided*, then we'll yield to no one.

When a V.A. doctor treats a patient, the scientific aspects of the case take precedence over all else. There are no second thoughts about whether the patient can *afford* a certain laboratory test or consultation; if he needs it, he gets it.

Private physicians, on the other hand, must constantly weigh the potential value of such services against the cost to the patient. So how can

Anecdotes

¶ MEDICAL ECONOMICS will pay $10-$25 for an acceptable description of the most exciting, amusing, amazing, or embarrassing incident that has occurred in your practice.

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they claim a monopoly on the kind of first-rate care that has become everyday procedure in V.A. hospitals and clinics?

Moreover, we V.A. doctors have no choice but to keep up to snuff professionally. In the regional office clinic where I practice, there's constant give-and-take with the near-by V.A. hospital. We exchange technical and consultation services. Residents serve at both stations. The hospital is intimately affiliated with a Grade A medical school, which has a stake in maintaining professional standards at both the hospital and the clinic. The quality of our work *has* to be of university caliber.

So there's little chance for the V.A. doctor to stagnate, as his colleague in private practice obviously may. In addition, the V.A. man has to pass an examination just in order to get a regular promotion. And by paying certified specialists better salaries, the V.A. encourages its doctors to pass their American board exams. It's no accident, then, that two out of five V.A. doctors are board-certified!

2. We trespass on the preserve of the private doctor by treating non-service-connected cases.

Although this charge is seldom made publicly (for obvious reasons), I'm convinced that it's the keystone of private medicine's violent opposition to the V.A. medical program. Yet, consider the facts:

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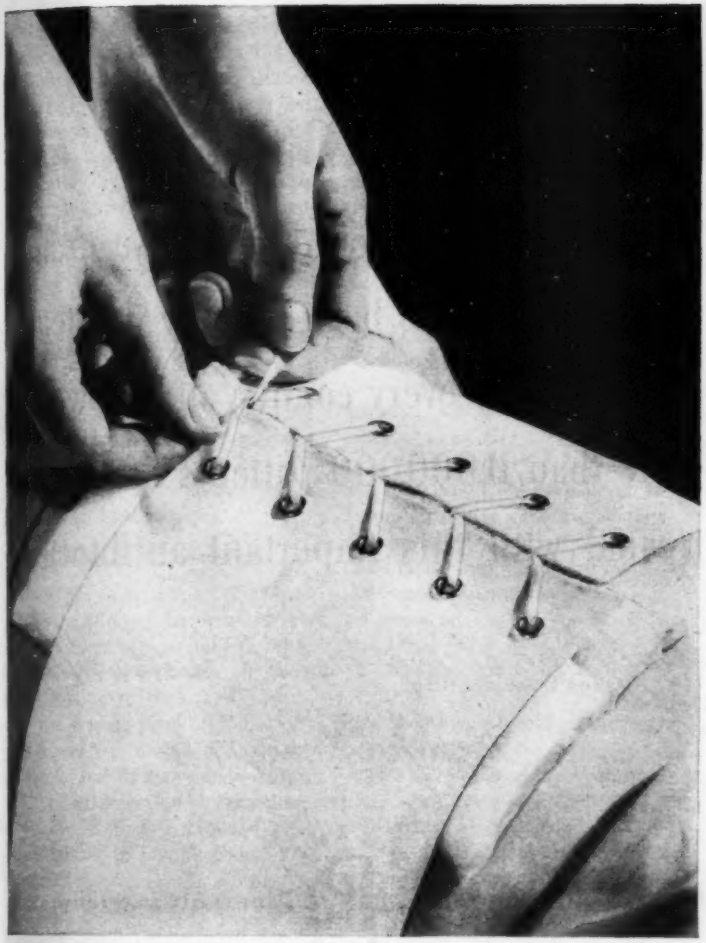
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only service-connected cases—plus non-service-connected cases that the average private practitioner doesn't want. In the clinic where I practice, for example, we treat *only* service-connected cases; we're not allowed to handle any others. Admittedly, you can question whether a particular disorder is *really* service-connected. But if it's legally adjudicated as such, we have no choice but to accept the patient.

It may be true that most patients in V.A. hospitals have non-service-connected ailments. But the vast majority of these cases involve such chronic conditions as psychoses and TB. Mental illness alone accounts for almost half the total number of hospitalized V.A. patients.

Misdirected Energy?

How many of these patients could afford to pay for years of private treatment? Or, to put it another way: How much "business," then, is the V.A. actually taking away from the private physican?

If it weren't for the V.A., many psychotic and tuberculous veterans would be walking the streets; there simply aren't enough state and local hospital beds to handle them. Private doctors are aware of this—or should be. If they *really* want to improve the situation, let them spend more time agitating for adequate local facilities instead of sniping at the V.A.

Incidentally, have you noticed how often the private physician will gladly call on the V.A. to handle patients whom he's unable (or unwilling) to treat? I know one doctor in particular who denounces us for "pirating" patients on one day—and who maneuvers to get someone with an ailment into a V.A. hospital on the next.

I've had calls from private practitioners who *demanded* that we do X-ray studies at our regional office, even though the patient's trouble was obviously not service-connected. Since, as I've said, we're legally forbidden to treat non-service-connected cases in out-patient clinics, I've had to refuse.

As a result, I've been denounced as a red-tape-loving bureaucrat. But a number of the same doctors have denounced me, on occasion, as a torch-bearer for socialism *because* I've ordered such tests—and on *service-connected* cases! (Any way you look at it, I guess, we just can't win.)

'Millionaires Profit'

3. Too many wealthy people get free care at V.A. hospitals.

This bit of gossip has been going the rounds for years. The A.M.A. revived it at a Congressional hearing last year. But despite an invitation to do so, the association failed to produce the name of a single veteran who was getting V.A. treatment he wasn't entitled to.

Personally, I can't recall having come across any millionaires in the course of my practice—nor have I expected to. I know that if I were

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wealthy, I'd want to choose my own doctor—something I couldn't do in a V.A. hospital. (Or is all the talk about the importance of "free choice of physician" eyewash?)

4. They build V.A. hospitals in out-of-the-way places.

Yes, they sometimes do. But who are "they"? Not V.A. medical officials, certainly; no V.A. doctor wants his hospital in an inaccessible spot. We'd rather not be stuck fifty miles from the nearest railroad station. Nor do any of us want the institution where we're now working overcrowded, just because some pork-barrel-minded politician got his constituents a new veterans' hospital off where nobody can find it.

If Congress decides to build a hospital in the wilderness, there's nothing the Veterans Administration can do except groan. Luckily, however, most construction since 1946 has been in thickly populated areas.

Pork-Barrel Hospitals

Not all of it, though. Congressmen from rural areas are often under pressure to get a V.A. hospital for their locale—and the private M.D.s in the area sometimes help apply the pressure.

After all, many of the specialists in the vicinity can count on being named as consultants to any such V.A. hospital. The prestige—not to mention the $5,000 or $6,00 a year in fees—sometimes dims a doctor's loathing of "creeping socialism." When that happens, Congress may well tell the V.A. to build a mammoth hospital in Dogpatch or Turkey Hollow—and there it's built.

5. V.A. doctors are choked by bureaucratic red tape.

Before 1946, this was true, to some extent. But when Dr. Paul R. Hawley became chief medical director, he slashed through the red tape with characteristic gusto. And his two successors have carefully followed his example.

The established policy today: Any V.A. doctor may do whatever he deems medically necessary without worrying about red tape. Since 1946, I haven't heard of a single reprimand to a V.A. physician for cutting a corner off some departmental technicality in order to provide better medical care.

No Bankers' Hours

6. The V.A. is for lazy men: Its employes work only forty hours a week.

The forty-hour week applies to civil service employes, of course; but V.A. doctors are *not* under civil service. We're available for duty twenty-four hours a day. And we don't get overtime pay, either! My chief medical officer or his designate can call me back to the regional office for an emergency at any time—week-end or evening. If I were in a V.A. hospital, I'd be working a good deal more than forty hours a week. I'd also be serving an all-night stint of on-call duty about once every seven days. [MORE→

XUM

In the aggregate, I'll admit that we probably work rather shorter hours than do most private M.D.s. But, you see, we also earn fewer dollars. Lots fewer.

The Summing Up

I'm not apologizing for my job. Like all of man's creations, the Veterans Administration is imperfect. But it's doing some important work, and most of us who are with it have a real sense of mission.

I'm sometimes asked why I—and some 4,000 other full-time V.A. doctors—stay on the job when there's probably much more money to be had in private practice. I generally answer that I value freedom above money, and that I enjoy more freedom with the V.A. than I could if I were on my own.

Does that sound absurd? Well, let's look at it from my side of the fence: With the V.A., I have no economic and competitive pressures. I can give the best possible medical care without worrying about costs. I can be honest with my patients without fear of losing them to another doctor. I can take time off to attend a medical convention (or to go fishing) without wondering whether I'll have any patients left when I get back.

And, besides, it's a heartwarming experience to work with a team of devoted doctors. Maybe that sounds like an old-fashioned sentiment. But I'm not ashamed of it. END



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★ Poor Bowel Habits ★ Spastic Constipation ★ Pregnancy ★ Reducing Diets ★ Bed Patients ★ Hemorrhoids ★ Rectal Surgery

CONTAINS:
Sodium carboxymethylcellulose in fluid gel form with magnesium hydroxide in less than laxative dose to assure hydration of gel throughout tract.



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FREE Send for sample and literature

Have You Adopted **THE SKIN CARE METHOD** *that*

WRITES OFF BED SORES AND BED CHAFE?



Positive Protection

by lubrication follows routine use of DERMASSAGE—lotion type rub with germicidal hexachlorophene, oxyquinoline and other therapeutic values. DERMASSAGE *enhances* the benefits of massage and of routine body rubs, reduces bed sores and bed chafe to rare instances

MATERNAL MORTALITY? Steadily declining.

SEVERE SURGICAL SHOCK? Frequency greatly reduced.

BED SORES? Where DERMASSAGE therapeutic lotion rubs are routine, *practically a closed chapter in medical and nursing history.*

Even the vexation of minor sheet burns is reduced to the vanishing point in the overwhelming number of cases where DERMASSAGE care has been adopted.

The reason for success of this method is as inescapable as most other scientific truths, once established: skin chafing and bed sores can be *prevented* in nearly every case by regular application of a softening, emollient rub—especially one which also reduces risk of infection . . . DERMASSAGE not only avoids the skin drying effects of earlier rubs, but gives *positive protection* against chafing and soreness.

Have you adopted the skin care which *defeats bed sores before they develop?*

TEMPORARY EASEMENT

with repeated drying out of the skin result from rapidly evaporating rubs, which also make skin susceptible to cracking and soreness.



1000 CC. H_2O
1 CC. ALCOHOL

Due to the marked affinity of alcohol for moisture, the contents of the 1 cc. pipette above, added to the 1000 cc. of water, will be immediately dispersed through it. THUS alcohol tends to remove the natural moisture of the skin when applied to it.

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Please send me, without obligation, your Professional Sample of DERMASSAGE.

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in ARTHRITIS an

Like other potent therapeutic agents, BUTAZOLIDIN may sometimes produce undesirable side actions. To achieve optimal results with minimal risk of toxicity certain simple precautions are recommended:

Careful Selection of Patients excluding the senile and those with a history of peptic ulcer, drug allergy or cardiac disease.

Moderate Dosage individualized for each patient at the lowest level required to produce and maintain therapeutic benefit.

Regular Observation of Patients including careful clinical examination and periodic blood counts.

For detailed information physicians are urged to send for the brochure "*Essential Clinical Data on* BUTAZOLIDIN."

Bibliography

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effective and potent therapeutic agent

Experience in several hundred thousand cases has now completely confirmed the therapeutic potency of the new antiarthritic agent, BUTAZOLIDIN. This entirely new synthetic, unrelated to the steroid hormones, affords these distinctive advantages:

- *Broad Spectrum of Action* including many forms of arthritis and other painful musculoskeletal disorders.
- *Great Therapeutic Effectiveness* manifested by relief of pain and functional improvement in the majority of cases.
- *No Development of Tolerance* leading to escape from control.
- *Simple Oral Administration.*

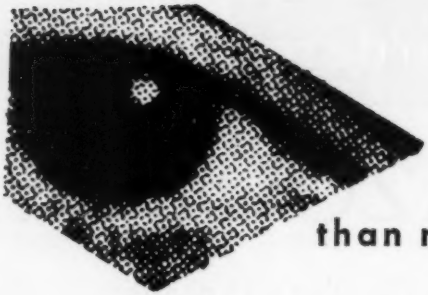
Indications for BUTAZOLIDIN include rheumatoid arthritis, osteoarthritis, gout, rheumatoid spondylitis, and the more serious forms of periarticular disorders, such as bursitis, which have failed to respond to routine therapeutic measures.

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there's more to nutrition than meets the eye

The individual state of health, metabolic activity, and physiology in general, largely control the need for vitamins and minerals. Such factors as age, weight, degree of absorption and utilization of food, physical activity, and general health, specifically determine individual nutritive requirements.

". . . the patient cannot always eat sufficient food to supply the nutrients in the amounts needed to correct his nutritional deficiencies, and often it is necessary to supply additional nutrients to supplement his diet."[1]

1. Spies, T. D.; Stone, R. E.; Garcia-Lopez, G.; Lopez-Toro, R., and Reboredo, A.: Therapeutic Indications for Vitamin Mixtures, Postgrad. Med., 10:269 (Oct.) 1951, p. 269

Specify Vi terra whenever balanced supplementation is required.

EACH CAPSULE CONTAINS

Vitamin A	5,000 U.S.P. Units	Calcium	213 mg.
Vitamin D	500 U.S.P. Units	Cobalt	0.1 mg.
Vitamin B 12	1 mcg.	Copper	1 mg.
Thiamine Hydrochloride	3 mg.	Iodine	0.15 mg.
Riboflavin	3 mg.	Iron	10 mg.
Pyridoxine Hydrochloride	0.5 mg.	Manganese	1 mg.
Niacinamide	25 mg.	Magnesium	6 mg.
Ascorbic Acid	50 mg.	Molybdenum	0.2 mg.
Calcium Pantothenate	5 mg.	Phosphorus	165 mg.
Mixed Tocopherols (Type IV)	5 mg.	Potassium	5 mg.
		Zinc	1.2 mg.

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Tax Deductions for Gifts

Donations to charity can lower your U.S. income tax, but only if the gifts meet Treasury standards. Here's a guide to maximum saving

By Herbert Krawitzky

● You like the man's story. You really believe in the cause. Next thing, you've got your checkbook out.

"Hold on a minute," you tell the solicitor-neighbor from down the street. "On second thought, I'd better give you cash. I didn't get to the bank today, and I've got a lot of loose bills around."

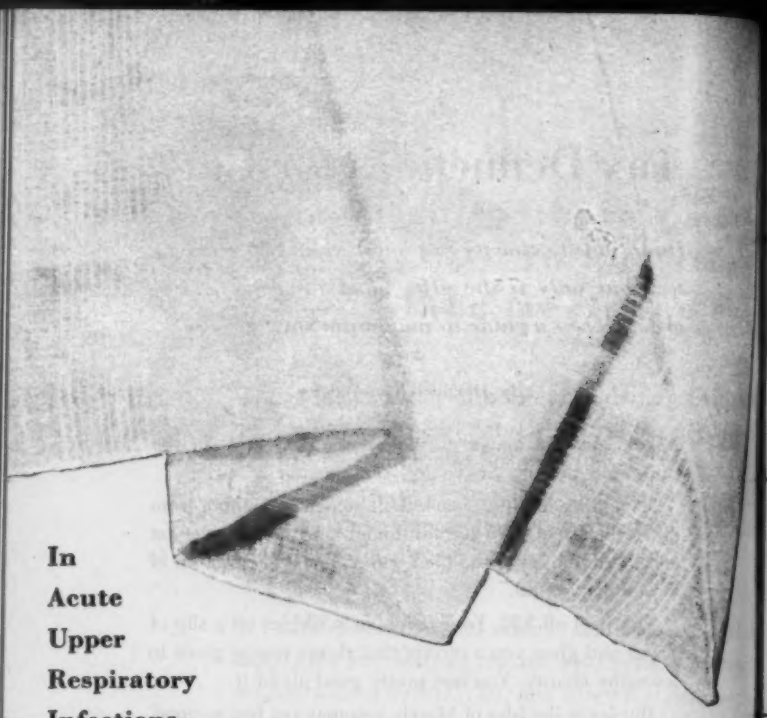
You peel off $50. Your neighbor scribbles on a slip of paper and gives you a receipt that shows you've given to a worthy charity. You feel pretty good about it.

But come the Ides of March, you may not feel so good. While scanning your income tax form, you notice that every important deduction requires proof. In order to claim a gift deduction, for instance, you must be able to prove what you gave, when, and to whom. Can you?

The slip of paper has disappeared. Your fund-collecting neighbor is on a prolonged business trip to Europe. It's entirely possible, therefore, that the revenue man will give you sympathy—but no deduction.

What would qualify as proof in such a case? Surest answer: a canceled check. Whenever possible, this should be supplemented by a letter of acknowledgment from the group that received your donation. [MORE→

MR. KRAWITZKY *is a member of the firm of Murphy, Lanier & Quinn, New York public accountants.*



In
Acute
Upper
Respiratory
Infections—

White's

A-P-CILLIN

Contains three established ingredients for their combined attack.

Provides symptomatic relief *PLUS* the prevention and control of secondary infection.

For the convenience of your patients,
each A-P-Cillin tablet provides:

1

A.P.C.—for its analgesic-antipyretic action

Acetylsalicylic acid—2½ gr.
Phenacetin—2 gr.
Caffeine—½ gr.

2

Antihistamine—for mild sedation and symptomatic relief, particularly from profuse nasal secretions

Phenyltoloxamine dihydrogen citrate—25 mg.

3

Penicillin—for prevention and control of secondary infections

Procaine penicillin G . . . 100,000 units.

Dosage: Usual adult dosage is 2 tablets t.i.d., one hour before or two hours after meals, continued for at least three days.

WHITE LABORATORIES, INC., KENILWORTH, N. J.

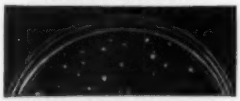
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DIAL SOAP protects you and your patients

Photomicros show how Dial reduces Skin Bacteria



With ordinary soap, the most thorough washing leaves thousands of bacteria on the skin.



With Dial, with Hexachlorophene, daily use removes up to 95% of skin bacteria.

1. *Reduces chance of infection* following abrasions, scratches, for Dial effectively reduces skin bacteria count.

2. *Stops perspiratory odor* by preventing bacterial decomposition of perspiration, known as the chief cause of odor.

3. *Protects infants' skin,* helps prevent impetigo, diaper and heat rash, raw buttocks; stops nursery odor of diapers.

4. *Helps skin disorders* by destroying bacteria that often spread and aggravate pimples, surface blemishes.

You are no doubt familiar with the remarkable antiseptic qualities of Hexachlorophene soaps, as documented in recent literature. Dial was the first Hexachlorophene soap offered to the public.

You can safely recommend Dial. Under normal conditions it is non-toxic, non-irritating, non-sensitizing. Economically priced, Dial is widely available to patients everywhere.

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Besides failing to have sufficient proof, many medical men learn too late that they've made contributions to organizations that, deduction-wise, are not recognized by the Treasury Department. If you are in doubt about any particular charity, you can check it with the Treasury Department's "Cumulative List of Organizations—Contributions to Which Are Deductible." This booklet can be ordered from the Superintendent of Documents, Government Printing Office, Washington 25, D.C. Price (including latest supplement): $1.60.

Nondeductible Gifts

What about donations to your medical association, for example? They are not deductible under the heading of gifts (although you can sometimes declare them as professional expenses).

What about a gift to your hospital's building fund? If it's a nonprofit institution, you can claim the deduction. But if it's a proprietary hospital, you can't. In rare cases, though, it *may* count as a professional expense.

As a general rule, you are allowed to deduct gifts to organizations that are (1) operated exclusively for religious, charitable, scientific, literary, or educational purposes; (2) set up formally as nonprofit corporations, trusts, funds, or foundations; and (3) located in the U.S. or its possessions.

Your church, your community chest, the Red Cross and similar organizations, and some fraternal orders qualify. You may also deduct any contributions to national, state, or local governments "for exclusively public purposes."

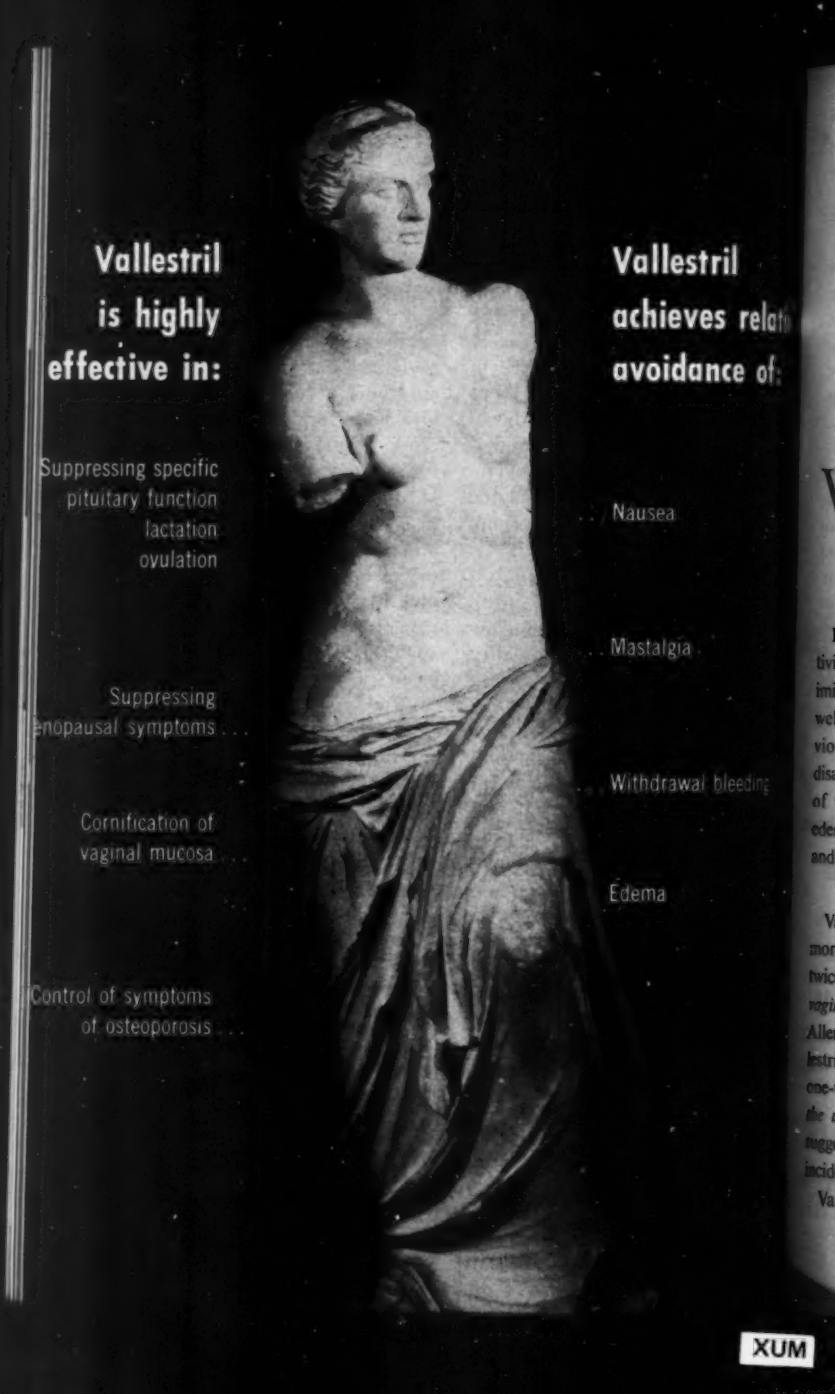
But note that gifts given directly to private individuals or to unorganized groups are *not* deductible. Nor are contributions to a political fund, to a lobby organization, or to any group whose earnings benefit private persons.

Another thing: Your gift must be in a tangible form (*i.e.*, money or other property). Thus the value of professional services donated to a charity clinic or other welfare group cannot be deducted, even though such services are contributed in the same spirit as monetary gifts.

If you've made a gift of property, your deduction will be based on the fair market value of the property at the time of your donation. To substantiate such deductions, it is wise to get a written estimate of the property's value from a competent appraiser. Incidentally, the appraiser's fee can be deducted as an expense of preparing your tax return.

And don't forget there's a ceiling on deductible gifts. You're allowed to deduct up to 20 per cent of your adjusted gross income for charity, but no more. Suppose, for example, that you netted $19,000 in 1953 and gave your medical school $5,000 to found a scholarship.

Can you claim the entire $5,000 as a deduction? No, you cannot,


Vallestril
is highly
effective in:
Suppressing specific
pituitary function
lactation
ovulation
Suppressing
menopausal symptoms
Cornification of
vaginal mucosa
Control of symptoms
of osteoporosis
Vallestril
achieves relati
avoidance of:
Nausea
Mastalgia
Withdrawal bleeding
Edema

XUM

SEARLE'S "*effective synthetic estrogen that is singularly free from . . . uterine bleeding . . . . For this reason alone, Vallestril is preferentially indicated. . . .*"[7]

Vallestril® Has *Target Action*

IT PROVIDES potent estrogenic activity *only in certain organs*, thus minimizing or completely obviating the well-known disadvantages of previously available estrogens. These disadvantages are the high incidence of withdrawal bleeding, nausea, edema in the female and mastalgia and gynecomastia in the male.

High Selectivity

Vallestril has been shown [1-5] to be more active than estradiol and to have twice the potency of estrone[6] *on the vaginal mucosa* when measured by the Allen-Doisy technic. However, Vallestril has been shown to have but one-tenth the activity of estrone *on the uterus* by the Rubin technic—a suggested explanation of its very low incidence of withdrawal bleeding.

Vallestril "quickly controls[7] menopausal symptoms, as well as the pain of postmenopausal osteoporosis and of the osseous metastases of prostatic cancer. The beneficial effect of the medication appeared within three or four days in most menopausal patients. There is also evidence that the patient can be maintained in an asymptomatic state by a small daily dose, once the menopausal symptoms are controlled."

Convenient Dosage Schedule

Simple dosage: Menopause—3 mg. (1 tablet) two or three times daily for two or three weeks, followed by 1 tablet daily for an additional month. Vallestril is supplied only in 3-mg. scored tablets.

Complete list of references available on request. G. D. Searle & Co., *Research in the Service of Medicine.*

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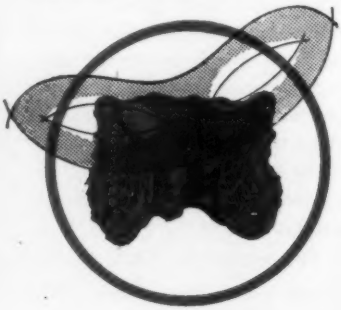
because your deductible gift limit is $3,800 (20 per cent of $19,000).

Contributions are good tax deductions only in the year paid, regardless of when pledged. If, for example, you signed a pledge last year to contribute $200 to the community chest, and you didn't pay the $200 until Jan. 2, 1954, that will make the deduction apply to your return for 1954, not for 1953.

Here's an interesting tax-saving possibility: Suppose you hold a security that cost you $1,000 and is now worth $1,500. If you want to make a charitable gift of the latter amount, give the security itself. Should you sell the security for $1,500, you'd have to pay a tax on the $500 capital gain. Contributing the security itself costs you nothing in tax, gives you a charitable deduction of $1,500, and furnishes the charity with the full $1,500 worth.

On the other hand, if a security cost you $1,000 and has declined in value to $750, reverse the process. Sell the security and contribute the $750 cash proceeds to the charity. That gives you not only the gift deduction of $750 but also a capital loss deduction of $250.

Whatever form your gift takes, you'll do well to ask yourself these three questions each time you make a donation: (1) Do I have sufficient proof of the gift? (2) Is the organization recognized under the tax law? (3) How do I stand in relation to the 20 per cent limit? END



Relief of Hemorrhoids without masking serious pathology

ANUSOL®

Hemorrhoidal Suppositories

Without anesthetics or analgesics, Anusol provides fast and prolonged relief from itching and pain

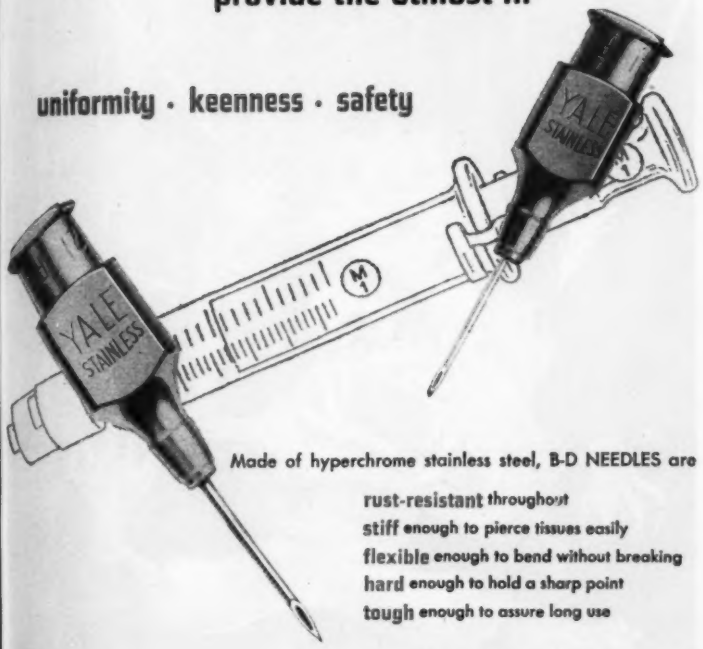
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provide the utmost in

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rust-resistant throughout
stiff enough to pierce tissues easily
flexible enough to bend without breaking
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NOW an Improved Combination

ERYTHROCIN with SULFAS

TRADE MARK

Erythromycin Stearate with Triple Sulfas

Improved blood level pattern — More rapid blood levels (usually within 2 hours). Consistent, significant levels for 8 hours.

Improved absorption — Carefully-balanced buffer system protects ERYTHROCIN Stearate from gastric secretions. Assures swift absorption of drug in upper intestinal tract.

Improved formulation — Each component is administered in the established dosage range of the drug. One appears to potentiate the other.

Improved Erythromycin form — Marketed only by Abbott—ERYTHROCIN *Stearate*—eliminates the need of an enteric coating. Thus, permits more rapid absorption of drug.

Improved dosage form — Totally new and different type of *Film Sealed* tablet is conventionally sized. *Film Sealing* provides an almost invisible glaze that facilitates easy swallowing, completely masks taste of the drug. Abbott

each

ERYTHROCIN with SULFAS Tablet

represents:

ERYTHROCIN (as ERYTHROCIN stearate)	75 mg.
Sulfadiazine (as sodium salt)	111 mg.
Sulfamerazine (as sodium salt)	111 mg.
Sulfamethazine	111 mg.

With aluminum hydroxide as buffer



How Zest for Food leads to Zest for Life!

IT IS now clearly recognized that a baby's whole future development is profoundly influenced by his early experiences with food.

Happy mealtimes help a baby thrive emotionally as well as physically. You, yourself, have noticed how often a sunny disposition and sturdy vitality are found in the babies who eat with zestful appetite.

And as one of the many doctors who recommend Beech-Nut Foods, you will be glad to learn that there is a wider choice of appealing varieties than ever before—to *keep* mealtimes happy for your young patients.

Babies love them... thrive on them!

A wide variety for you to recommend: Meat and Vegetable Soups, Vegetables, Fruits, Desserts—*Cooked* Cereal Food, *Cooked* Oatmeal, *Cooked* Barley and *Cooked* Corn Cereal.

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ACCEPTED — Council on Foods and Nutrition — American Medical Association

Every Beech-Nut Baby Food has been accepted by the Council on Foods and Nutrition of the American Medical Association and so has every statement in *every* Beech-Nut Baby Food advertisement.

News

Krebiozen probe on the horizon? • Hits overuse of antibiotics • Rockefeller promises continued Government aid to health • Opportunities in general practice • Study discloses public's quaint health notions

Report Drop in Medical School Applications

Medical school applications have fallen off spectacularly in recent years; yet the schools are accepting more students than they used to. Of 24,400 hopeful applicants in 1949, for example, less than a third (7,000) were accepted, whereas the schools took in more than half (7,700) of the 14,600 who applied in 1953.

In reporting this situation, the Association of American Medical Colleges attributes the decrease in applications chiefly to two factors: (1) the wealth of high-paying nonprofessional jobs available to today's college graduates; and (2) the high cost of a medical education.

'My Fee Is Arbitrary,' Explains M.D.'s Note

Despite a physician's best efforts to be fair about fees, his bills may sometimes be met with yelps of anguish. Anticipating this possibility, Dr. Claude E. Forkner of New York City has prepared an explanation of his fees, a copy of which is attached to each bill he mails.

After pointing out that he has "little control" over laboratory charges, Dr. Forkner's letter states frankly that "the professional charge is largely guesswork, depending on my estimation of your ability to pay, of the character of the services rendered, the time consumed, and the amount of ancillary service required . . . I am certain that often my charges are either too much or too little for the individual patient. The charges are arbitrary and vary from no charge up through the scale to moderately high fees . . . If my bill for any reason is too high or too low, please adjust it to what you think is fair and explain in a brief note to me."

Has Dr. Forkner lost his shirt because of this unusual frankness? Not at all, he says; only about one patient in a hundred ever makes a change, and then he's as likely to raise the fee as to lower it. And, he adds, some patients who are satis-

reflects in your patients

a fresh response and a vigorous improvement

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Vitamin B_{12} PLUS Intrinsic Factor

In Armatinic Activated, the hemopoietic factors activate and potentiate each other in their interrelated role in producing mature red blood cells.

Each ARMATINIC ACTIVATED Capsulette contains:

Ferrous Sulfate, Exsiccated	200 mg.
Vitamin B_{12} Crystalline	10 mcg.
Folic Acid	1 mg.
Vitamin C	50 mg.
Liver Fraction II (N.F.) with Desiccated Duodenum (contains Intrinsic Factor)	350 mg.

Supplied in bottles of 100 and 1000.

Also available: Armatinic Liquid, bottles of 8 oz. and 16 oz.



COMPREHENSIVE ANTIANEMIA THERAPY IN A SINGLE CAPSULETTE

THE ARMOUR LABORATORIES

A DIVISION OF ARMOUR AND COMPANY • CHICAGO 11, ILLINOIS

fied with the stated charge nevertheless write him to praise his attitude about fees.

One such patient seems to have regarded Dr. Forkner's letter as a masterpiece. Without consulting Dr. Forkner, he sent it to the Wolf Envelope Company of Cleveland, which has now published it, along with other unusual messages, in The Wolf Magazine of Letters.

Senate Krebiozen Probe Deemed a Possibility

Will one of the Senate Committees soon turn to an investigation of alleged cancer cures? It's at least a possibility, say informed Washington sources; and if an inquiry *is* scheduled, they add, it's likely to center on Krebiozen, the horse serum once touted as a miracle answer to the disease.

An Illinois legislative committee has been sporadically checking into Dr. Andrew C. Ivy's charge that organized medicine conspired against him because he sponsored the drug. And it's now felt—in some quarters at least—that the Illinois hearings may be about to touch off just the spark to ignite the interest of certain U.S. Senators.

If and when an investigation is scheduled, some observers expect it to be handled by the Judiciary Committee, headed by Senator William Langer (R., N.D.). First, however, Senator Langer would probably prefer to wind up another inquiry in which he has been for some time involved. Its purpose: to determine whether organized medicine has conspired against chiropractic.

Most British G.P.s Say They're Fairly Happy

But research reveals certain complaints against N.H.S.

The average British G.P. might prefer a return to private practice, but he's apparently satisfied that the National Health Service isn't entirely bad medicine. In a recent British Medical Association survey of some 13,000 family doctors, 55 per cent said they were reasonably contented with their lot.

But the G.P.s also made it clear that they find some serious defects in the N.H.S. system. Among them:

¶ "The attitude towards the G.P. of at least some . . . patients has deteriorated." Many family doctors say, in this connection, that they're often apparently regarded merely as middlemen to be seen on the way to a specialist or to a hospital.

¶ To make ends meet, they have to see more patients than they can reasonably handle. As a result, they find it hard to practice good medicine.

¶ More and more of them believe they're being pushed out of hospital practice. At the same time, they say, their relations with specialists are steadily on the downgrade.

Concludes the committee that



ORGANIZATIONAL HEART of medicine is the county society, according to Elmer Hess.

made the study: "Obviously there is considerable room for improvement, but . . . there is less downright opposition to N.H.S. than is sometimes supposed. Practitioners . . . feel restricted in the service they can render to their patients under the scheme, but . . . they are in a receptive frame of mind and ready to make the scheme a better service if they are allowed to do so."

Delicate Medicine

Is there something strangely familiar about the wrappings that many hospitals now use in sterilizing catheters, needles, and syringes? Small wonder, if there is. The cellulose material is also used to encase the hot dogs you buy in your neighborhood delicatessen. In fact, it's called Wienie-Pak by its maker, the Transparent Package Company of Chicago. The firm says the casing's value in sterilization is that it lets in steam but keeps out bacteria.

A.M.A. Takes Pulse of County Societies

Finds dues high, attendance low in large associations

The average member of a big county medical society is likely to pay higher dues than his colleague in a small society. As a partial justification for the added expense, the typical big society offers more services than the smaller one. But the individual member of the large society seems to take a less active role in his organization's affairs than does the small-society M.D.

This over-all picture emerges from a recent study of local medical societies, made by the A.M.A. Council on Medical Service. Its major findings:

¶ There's "a slight trend toward higher dues" everywhere. While more than 100 small societies still charge none at all (they get by with special assessments), the bigger societies tend to set dues of at least $30 a year.

¶ Since they usually have comparatively fat purses, the bigger societies can afford extensive campaigns in health education and pa-

in arthritis . . . clinically proved

DEPENDABLE therapy

to provide:

- **Effective symptomatic relief[1,3]**
- **Anti-inflammatory action closely related to that of the steroid hormones[2]**
- **Absence of toxic side effects[3]**
- **Freedom from withdrawal symptoms[3]**

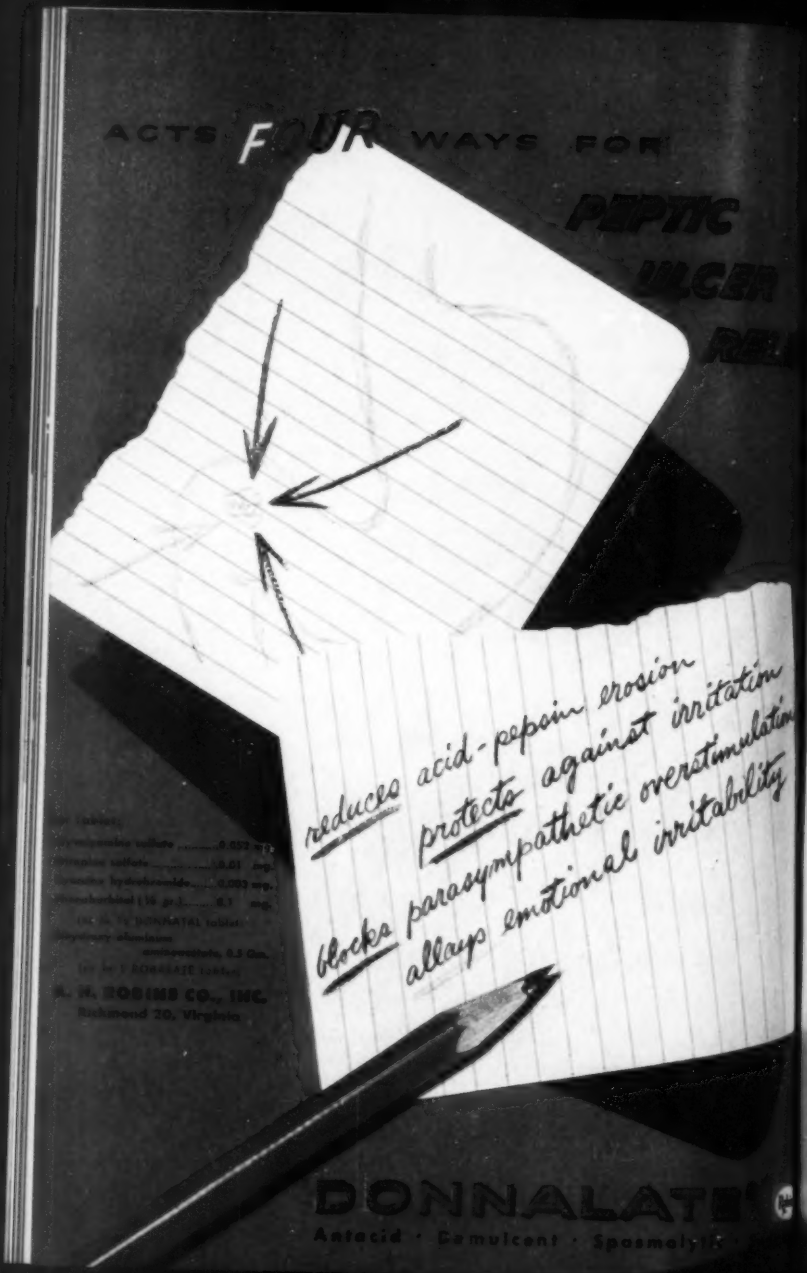


PABALATE®

PABALATE-SODIUM FREE

In each tablet:	SALICYLATE	PARA-AMINOBENZOATE	ASCORBIC ACID
	0.3 Gm. (5 gr.)	0.3 Gm. (5 gr.)	50 mg.

A. H. ROBINS CO., INC. • RICHMOND 20, VIRGINIA


ACTS FOUR WAYS FOR
PEPTIC
ULCER
reduces acid-pepsin erosion
protects against irritation
blocks parasympathetic overstimulation
allays emotional irritability
A. H. ROBINS CO., INC.
Richmond 20, Virginia
DONNALATE
Antacid · Carminative · Spasmolytic

tient relations. For example, the Council finds that most societies with at least 300 members run a speakers' bureau; half of such large associations responding to the Council's survey conduct, or have conducted, a TV program; and nearly all have grievance machinery and emergency call plans. But relatively few of the smaller societies offer any such services.

¶ Small societies shine in drawing their members to scientific meetings. A number of them report close to 100 per cent attendance at many of their sessions. But the average big society seldom gets better than a 50 per cent turnout—and often settles for 25 per cent or less.

There's obviously a need for still greater individual participation in county society activities, says Dr. Elmer Hess, chairman of the Council. In the final analysis, he concludes, "The heart of medical organization is the county medical society. It is here that medical service programs rise or fall, membership in organized medicine increases or decreases, and public opinion is gained or lost."

Advice to M.D.s' Wives: Let Aides Run Office

"Patients don't come to a doctor because of his secretary, but they will *stop coming* because of her." For this reason, says Dr. Darrell C. Crain of Washington, D.C., the wise practitioner not only pays his aide well but treats her with consideration in other ways, too. For instance:



A WIFE'S PLACE is *not* in her doctor-husband's office, insists Darrell C. Crain.

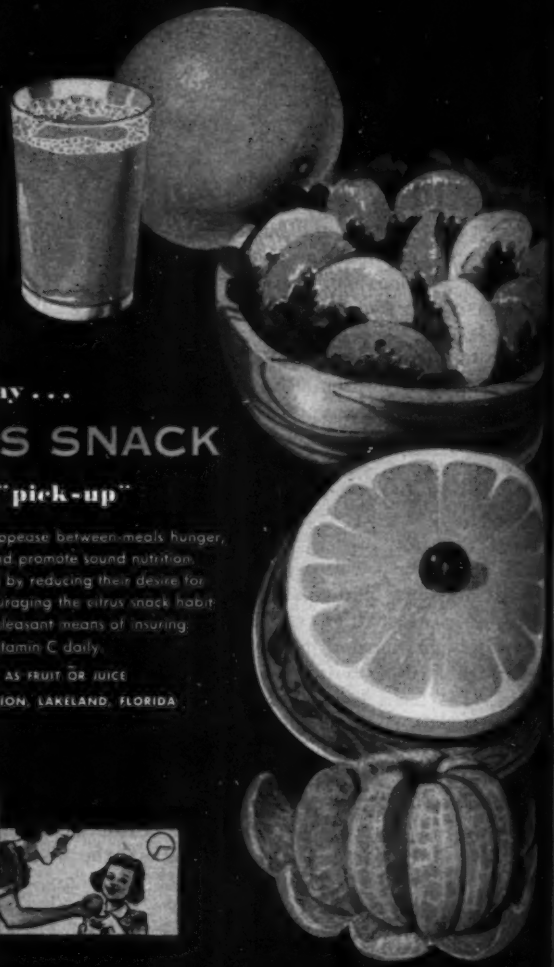
¶ He prevents her from feeling like a piece of office furniture. He does this by saying an occasional "cheerful word" to her, by complimenting her on a new hair-do, by showing a tactful interest in her personal life.

¶ He doesn't make a habit of looking over the aide's shoulder; he sees that she is "given a job to do—and then . . . left alone to do it."

¶ Most important of all, he "keeps his family out of the office."

Amplifying this point at a recent Washington medical meeting (attended by wives), Dr. Crain drew loud applause when he said: "Few things are more distracting to a secretary than to have the boss' wife

XUM



any time of day . . .

a CITRUS SNACK

is a welcome "pick-up"

Delicious citrus snacks appease between-meals hunger, provide quick energy, and promote sound nutrition. They help obese patients by reducing their desire for high calorie foods. Encouraging the citrus snack habit is a most excellent and pleasant means of insuring an adequate intake of vitamin C daily.

DELICIOUS AND NUTRITIOUS AS FRUIT OR JUICE

FLORIDA CITRUS COMMISSION, LAKELAND, FLORIDA



FLORIDA *Citrus*

ORANGES
GRAPEFRUIT
TANGERINES

ACCEPTED FOR ADVERTISING IN JOURNALS OF THE AMERICAN MEDICAL ASSOCIATION



flitting in and out, dropping by at odd hours, upsetting the routine, checking the records to see who has been in to call on her darling husband, and checking the cash drawer to see how much she can appropriate."

Unsafe at Home

Industrial practice more hectic than the ordinary kind? Not if you go by some newly publicized statistics: In checking its insurance records, says U.S. Steel, it found that plant accidents force six employes per 1,000 to lose work time; but leisure-hour injuries put seventeen workers out of 1,000 on the sidelines.

Doctors Rap Overuse Of Antibiotics

Antibiotics have so revolutionized medicine, says Dr. Henry Welch, chief of the antibiotic division of the U.S. Food and Drug Administration, that at least half the prescriptions doctors now write are for such drugs. In the light of this fact, two Boston physicians injected notes of caution into a recent Washington symposium on wonder drugs:

1. Arguing that they're being used indiscriminately, Dr. Maxwell Finland maintained that "the greatest proportion of the antibiotics used today are prescribed for conditions which have no clear relation to the efficacy of those agents." It's time for doctors to "bone up," he said, and to stop employing the wonder drugs on a "guesswork" basis.

2. Published material doesn't tell the full story of patients' reactions to antibiotics, warned Dr. Ethan Allen Brown. He stated that G.P.s know of "at least several hundred serious reactions" that haven't been written up "because of the fancied stigma, or because of the real or fancied danger of malpractice suits."

What, No Placebos?

Britain's National Health Service is tightening its belt again. The latest: The Minister of Health has decided to ban prescriptions involving some 600 drugs deemed to have "little or no medicinal value." But, complains Punch, the British humor magazine, this poses a problem "for the doctors who must still find something to give patients with little or nothing the matter with them."

Patience Requested

As a public relations gesture, Dr. Richard C. Miller of Dayton, Ohio, has sent the following notice to all his active patients:

"In January, 1954, I [took up] my duties as President of the Montgomery County Medical Society, an honor that comes once in a lifetime. Carrying out the many responsibilities of this high office will require much of my time in addition to my practice.

"It is possible that there will be

XUM

Which filter-tip cigarette is



Kent with

"KENT" AND "MICRONITE" ARE

is the most effective?

In continuing and repeated impartial scientific tests, smoke from the new KENT consistently proves to have much less nicotine and tars than smoke from any other filter cigarette—old or new.

The reason is KENT's exclusive Micronite Filter.

This new filter is made of a filtering material so efficient it has been used to purify the air in atomic energy plants of microscopic impurities.

Adapted for use as a cigarette filter, it removes nicotine and tar particles as small as 2/10 of a micron.

And yet KENT's Micronite Filter, which removes a greater percentage of nicotine and tar than any other filter cigarette, lets through the full flavor of KENT's fine tobaccos.

Because so much evidence indicates KENT is the most effective filter-tip cigarette, shouldn't it be the choice of those who want the minimum of nicotine and tar in their cigarette smoke?

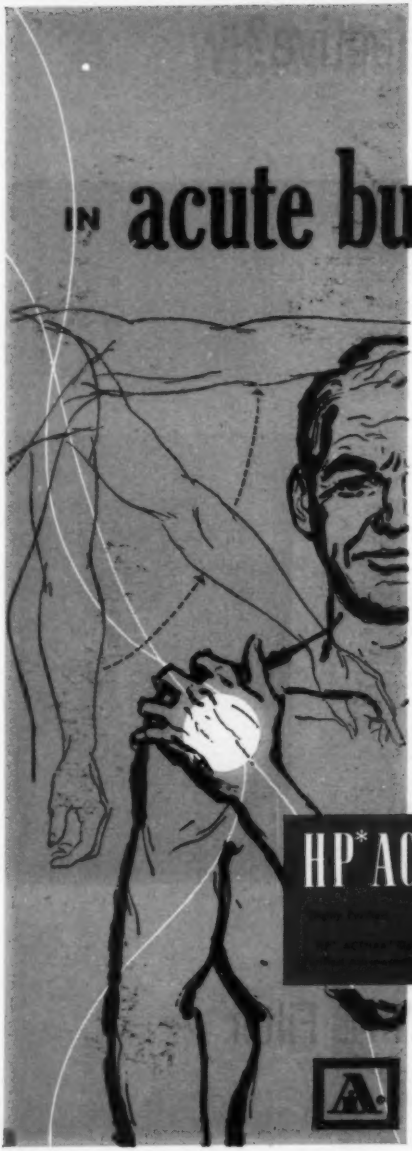


exclusive MICRONITE Filter

REGISTERED TRADEMARKS OF P. LORILLARD COMPANY

PROFOUND RELIEF AND
QUICK REHABILITATION

IN acute bursitis



Profound and rapid therapeutic success in bursitis, especially in the acute stage, is obtained with HP*ACTHAR *Gel*. Cases refractory to other types of therapy have responded to HP*ACTHAR *Gel*, regardless of the severity of the condition. Calcium deposits may disappear.

HP*ACTHAR *Gel*, a new repository ACTHAR with rapid response and sustained action, is as easily administered as insulin with a minimum of discomfort, whether injected intramuscularly or subcutaneously. It is economical too, far less time and money being spent to restore the patient's working ability.

HP*ACTHAR *Gel*
(IN GELATIN)

The small total dose required affords economy and virtual freedom from side actions.

THE ARMOUR LABORATORIES
A DIVISION OF ARMOUR AND COMPANY - CHICAGO 21, ILLINOIS

instances when I may be unavailable or out of the office; but be assured you will be cared for as in the past. Please bear with me during 1954 in order that I may fulfill my obligations as the elected head of over 500 doctors in this community."

Honors Served to Youth

For risking his life to help develop new methods of artificial respiration, Lloyd T. Koritz, a 26-year-old M.D. from Rochelle, Ill., has been named one of America's "ten outstanding young men of 1953." Similarly honored by the U.S. Junior Chamber of Commerce is 33-year-old Professor Albert Schatz of Fairlawn, N.J., who, a decade ago, helped discover streptomycin.



M.D.S ARE INCONSISTENT in their rejection of all advertising, claims Jules Alberti.

Ad Researcher Advises M.D.s to Advertise

Suggests boards to pass on dignified endorsements

It's high time that medicine, dentistry, and the other professions rewrote their "antiquated codes of ethics" and permitted the use of their members' names in dignified advertising. Present attitudes are not only dated; they're also inconsistent, in the opinion of Jules Alberti, president of Endorsements, Inc. (a research firm in the advertising field).

[For a frivolous view of what physician-advertisements might look like, see the article, "If Doctors Advertised," elsewhere in this issue.]

For example, Alberti goes on, take the type of syndicated column written by Dr. Walter Alvarez, among others: "It is the best possible kind of advertising for Dr. Alvarez and all medical men," and the A.M.A. "doesn't object. But let Dr. Alvarez do the very same thing in paid advertising space? Horrors. Shame."

What might be the best way to modernize professional ethics on advertising? Alberti suggests—in an article in *Printers' Ink*, the advertisers' business magazine—that each profession establish a review board "to pass solely upon the fitness of testimonial advertising affecting members." It's obvious, he adds, that a doctors' board wouldn't let individ-

ual M.D.s endorse cough syrups or appear in whiskey ads. But he feels that the board could permit doctors to "make testimonials of a public-service nature," just as do other "distinguished" persons.

Seconding this point of view, the magazine editorializes that "professional codes of ethics . . . should be brought up to date to acknowledge the important part advertising plays in our modern society and the part it can play in enhancing the prestige of a profession."

Fluoridation Spreads

Although some physicians heatedly oppose fluoridation of water, the idea is apparently catching on across the country. Almost 10 per cent of the nation now fluoridates its water supply, according to the Government. In all, some 800 communities (total population: 15.5 million) have hopped aboard the bandwagon.

Chiropractor Claims He Has a Cancer Test

All Leo L. Spears has to do, he says, is prick your finger and place a drop of your blood on a slide. One look, and—ninety-nine times out of a hundred, according to the Denver chiropractor's own reckoning—he can tell whether or not you have cancer or are likely to get it.

Making this sensational claim recently, Spears opened the doors of

a NEW topical anesthetic...

XYLOCAINE® OINTMENT 5%

(BRAND OF LIDOCAINE*) ASTRA

Non-irritating, water-soluble carbowax vehicle.

INDICATIONS—Controls pain, itching and other discomfort associated with burns, abrasions, dermatological lesions, non-operative ano-rectal conditions, otological procedures, endotracheal intubation, nipple soreness as experienced by lactating mothers, or wherever surface anesthesia is deemed desirable or mandatory.



Write department G4 for bibliography and professional samples.

Descriptive literature available to physicians on request.

*U.S. Patent No. 2,441,498

ASTRA PHARMACEUTICAL PRODUCTS, INC.

Worcester, Mass. U. S. A.

XUM

fast-acting salicylate formula

HIGH in analgesic power

LOW in risk to the patient

Recent studies[1,2] suggest that the time-tried salicylates exert a *hormonal* action similar to that of ACTH, stimulating release of cortisone.

Whenever rapid and sustained salicylate action is desired, ELPAGEN gives your patient the benefits of a *potentiated* salicylate combination in *uncoated* tablet form—without the gastric irritation of unmodified salicylates and without the potential dangers (or expense) of ACTH or cortisone itself.

ELPAGEN PATCH

Each orange-colored, uncoated tablet provides:

Sodium salicylate	5 gr.	(325 mg.)	*POTENTIATED SALICYLATE BLOOD LEVELS*
Sodium para-aminobenzoate	3 gr.	(195 mg.)	
Salicylamide	½ gr.	(32.5 mg.)	

plus

Ascorbic acid (as sodium ascorbate)	30 mg.	*SAFEGUARD AGAINST VITAMIN C DEPLETION AND CAPILLARY HEMORRHAGE*

Dihydroxy aluminum aminoacetate	½ gr.	(32.5 mg.)	BUFFERING ACTION *OVERCOMES GASTRIC INTOLERANCE*[3]

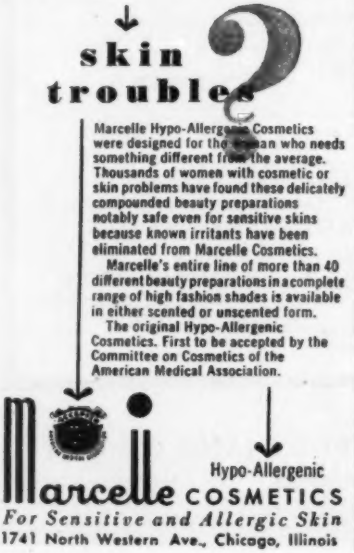
SUPPLIED in bottles of 100 and 500 tablets.

1. Van Cauwenberge, H.: Lancet 261:374, 1951; Van Cauwenberge, H., and Heusghem, C.: Proc. Soc. Exper. Biol. & Med. 80:51, 1952. 2. Pelloja, M.: Lancet 1:233, 1952. 3. Paul, W. D., et al.: J. Am. Pharm. A., Scient. Ed. 39:21, 1950.

THE E. L. PATCH COMPANY

STONEHAM • MASSACHUSETTS





his big healing emporium to the public for free tests. Business was brisk, especially because he announced that he'd already tried out his method 7,000 times before making it public.

Medical men asked for the evidence: records of the tests, the slides, anything. Sorry, said chiropractor Spears; all evidence had been destroyed. But, he added, what matter? He *personally* vouched for the tests' validity.

New Indigent Care Plan Tries to Cut Abuses

One county's M.D.s are paid by patients, not state

Can indigent patients be expected to pay their own doctor and drug bills out of special allowances given them by the state? One state—Pennsylvania—evidently thinks so. Its Department of Public Assistance is currently testing this theory in Pennsylvania's rural Snyder County.

Deputy Secretary Robert P. Wray explains the need for the plan on the ground that some doctors and druggists have been "making a career" out of relief cases. With the state paying the bills, he says, a number of practitioners are writing prescriptions for such things as baby food, toothpaste, and razor blades. And for filling such prescriptions, he maintains, one druggist alone charged the state $2,000 in a single month.

To put an end to abuses of this



among the candidates for COMBANDRIN*

PROTEIN ANABOLIC STEROID HORMONE COMBINATION

...tired elderly patients

With Combandrin, the tired, elderly patient lacking the metabolic support supplied in earlier years by gonadal hormones can often be made stronger, more alert. Formation and retention of protein are promoted, aging bone can be given a "new lease" on life, and mental and emotional reactions may be favorably influenced. More persons can "live"—not merely exist—in their sixties, seventies and eighties. For, the overall results of Combandrin therapy (balanced androgen-estrogen steroid therapy) in the aged "is a lessening of the degenerative state . . ."

Kountz, W. B.: Ann. Int. Med. *35*:1055, 1951.

SUPPLIED: Each cc. contains 1 mg. estradiol benzoate and 20 mg. testosterone propionate in sesame oil, for intramuscular injection. In single-dose disposable Steraject® cartridges and in 10 cc. multiple-dose vials.

Also, Combandrets*—androgen-estrogen combination in convenient tablet form for absorption by transmucosal route.

PFIZER SYNTEX PRODUCTS

Pfizer®

PFIZER LABORATORIES, *Brooklyn 6, N. Y.*

DIVISION, CHAS. PFIZER & CO., INC. ®TRADEMARK

sort, the department settled on the program now being tested in Snyder County. Instead of using a prearranged fee schedule to pay doctors and druggists for their services to indigents, the state gives each person on relief $1 a month in addition to his regular allowance. With an accumulation of such dollars, he's expected to pay all doctor and drug bills. Under exceptional circumstances, this medical handout may be raised to $6 a month—but only if the physician makes a special request.

Since the plan is being tried in just one area, there hasn't yet been much comment from Pennsylvania doctors at large. But most physicians who have spoken out question the basic soundness of the idea. Sample reactions:

¶ "You can't expect a person on relief to set aside his medical dollars against the day of need. So *we're* going to wind up doing the state's charity."

¶ "As an average figure, $1 a month may pay the cost of indigent medical care, though I doubt it. But practically speaking, many of us will find ourselves handling complex cases and getting no payment."

¶ "I'll admit that a few doctors may be milking the state under the present system; but the new plan would make us *all* pay the penalty for their sins by getting inadequate payment for our services."

Perhaps because of objections of



for continuous, maintained gastric anacidity
in the treatment of peptic ulcer

Nulacin

A pleasant tasting tablet dissolved slowly in the mouth . . . not chewed or swallowed.

made from milk combined with dextrins and maltose with four balanced nonsystemic antacids

clinical work in progress demonstrates it to be "the nearest approach to the continuous intragastric drip for the ambulatory patient." Reprints available on request.

hastens peptic ulcer healing . . . prompt relief in pregnancy heartburn, gastritis, hyperacidity.

In tubes of 25 at all pharmacies. Physicians are invited to write for literature and clinical trial samples.

As effective in the ambulant as intragastric drip in the hospitalized.

HORLICKS CORPORATION
Pharmaceutical Division • RACINE, WISCONSIN

this
underweight
patient
could



gain 15 pounds

with **EDIOL**

Micronized emulsion of coconut oil (50%) and sucrose (12½%)

caloric boost
without gastric burden

Schenley Laboratories, Inc.
New York 1, New York

XUM

this sort, Pennsylvania state officials have recently held conferences with medical men to discuss another approach to the matter: They're looking into the possibility of placing indigents under a form of state-paid Blue Shield insurance.

Bribery Seen in Some Hospital Grants

Use of donor's product said to be condition of certain gifts

All too often, strings are attached to philanthropic grants made to hospitals, charges The Journal of Pediatrics. As an example of the sort of thing it objects to, the publication cites this case:

"One large maternity hospital received as a 'gift' an expensive apparatus for resuscitating the newborn infant; and immediately thereafter the brand of milk the hospital had used satisfactorily for fourteen years was replaced by the donor's brand."

As a result of such "bribery," warns the journal, even highly ethical supply companies may be forced to meet competition by fighting "fire with fire—with the chief loser being the reputation of the medical profession."

What can be done to prevent business houses from using "philanthropic" gifts as platforms for sales promotion? The journal makes two suggestions: [MORE→

the best in thyroid for its expanding indications

In geriatrics, chronic fatigue, generalized muscle aches, poor memory, palpitations and constipation may well be manifestations of thyroid hypofunction and respond effectively to thyroid medication.†



thyrar.



provides whole-gland medication at its best. Prepared exclusively from beef sources. Chemically assayed and biologically tested to assure superior uniformity.

Supplied: Tablets of ½, 1 and 2 grains in bottles of 100 and 1000.

Standardized equivalent to thyroid U.S.P.

† Kimble, S.T., and Stieglitz, E.J.: Geriatrics 7: 28, 1952.

THE ARMOUR LABORATORIES

A DIVISION OF ARMOUR AND COMPANY · CHICAGO 11, ILLINOIS

Vasorelaxation Therapy

safe, convenient, effective... without hospital care

HYDERGINE

Sublingual Tablets and ampuls

Controls: Hypertension and its symptoms

Clears: Peripheral vascular disease and its complications

The patient derives more than one therapeutic benefit—Hydergine acts at several sites, producing

Hypotensive effect

Bradycardic effect (reducing heart load)

Diminished vascular resistance

Anti-stressor action

In addition to its hypotensive action, Hydergine controls hypertensive symptoms, e.g., headache, dizziness, fatigue, etc. Hydergine is practical for long range therapy of *active ambulatory patients* where *safety* is a prime consideration.

HEIGHTENING OF:
VASOMOTOR IMPULSES
PRESSORRECEPTOR REFLEXES
STIMULATION OF VAGAL CENTERS
ADRENERGIC BLOCKADE



DOSAGE RANGE:

Sublingually: 4 to 6 tablets daily

Intramuscularly: 1 to 2 cc. ampul solution daily or every other day

Hydergine consists of equal parts of dihydroergocornine, dihydroergocristine and dihydroergokryptine as methanesulfonates.

Each tablet contains 0.5 mg.

Each 1 cc. ampul contains 0.5 mg.

Write for booklet giving references or inquire of your Sandoz Representative

HYDERGINE VASORELAXANT

Sandoz PHARMACEUTICALS

DIVISION OF SANDOZ CHEMICAL WORKS, INC.
NEW YORK 14 • CHICAGO 11 • SAN FRANCISCO 4

© Sandoz Chemical Works, Inc., 1954

improve
capillary
resistance
in prevention
and treatment of
capillary fragility
capillary hemorrhage
vascular accidents



C.V.P.

(CITRUS FLAVONOID COMPOUND WITH VITAMIN C)

may protect against abnormal bleeding and vascular accidents in....

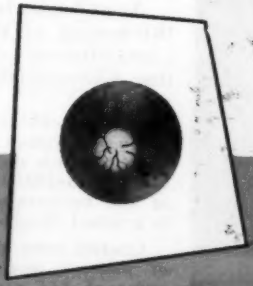
- **hypertension**
- **retinal hemorrhage**
- **diabetes**
- **radiation injury**
- **purpura**
- **tuberculous bleeding**

"Many instances of hemorrhage and thrombosis in the heart and brain may be avoided if adequate amounts of vitamin P and C are provided."

XUM







Five years of laboratory and clinical investigations establish the complete safety and value of C. V. P. in increasing capillary resistance and reducing abnormal bleeding due to capillary fragility.

C.V. P. provides natural bio-flavonoids (whole natural vitamin P complex) derived from citrus sources—potentiated by vitamin C—which act synergistically to thicken the intercellular ground substance (cement) of capillary walls, decrease permeability...and thus increase capillary resistance.

each C.V. P. capsule provides:	
Citrus Flavonoid Compound*	100 mg.
Ascorbic Acid (C)	100 mg.

*(water soluble whole natural vitamin "P" complex, more active than insoluble rutin or hesperidin)

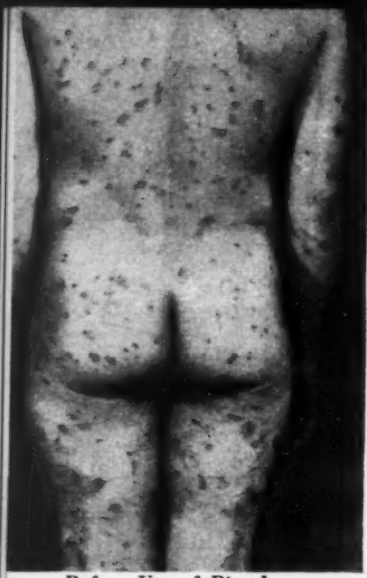


bottles of 100, 500 and 1000 capsules

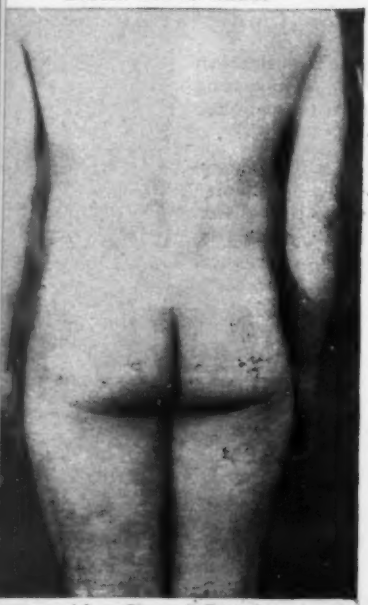
U S V

u. s. vitamin corporation

Casimir Funk Laboratories, Inc. (affiliate)
250 East 43rd Street, New York 17, N.Y.



Before Use of Riasol



After Use of Riasol

ACANTHOSIS

...the basic lesion of

PSORIASIS

Acanthosis is a hyperplasia and thickening of the prickle cell layer (rete mucosa) of the epidermis. It is the characteristic local lesion of psoriasis.

RIASOL owes its success in psoriasis to active penetration of the stratum corneum so as to reach the prickle cell layer. Control of acanthosis by the alterative action of the mercury-soap combination results in gradual disappearance of the lesions.

Clinical tests show this result in 76% of patients treated with RIASOL. In a series of 231 cases of psoriasis reported by two dermatologists, there were only 16.5% of remissions with all other types of treatment.

RIASOL contains 0.45% mercury chemically combined with soaps, 0.5% phenol and 0.75% cresol in a washable, non-staining, odorless vehicle.

Apply daily after a mild soap bath and thorough drying. A thin invisible, economical film suffices. No bandages required. After one week, adjust to patient's progress.

Ethically promoted RIASOL is supplied in 4 and 8 fld. oz. bottles at pharmacies or direct.

MAIL COUPON TODAY
TEST RIASOL YOURSELF

Dept. ME-3-51

SHIELD LABORATORIES
12850 Mansfield Ave.,
Detroit 27, Mich.

Please send me professional literature and generous clinical package of RIASOL.



..... M.D.
Street .....
City .....
Zone .... State .....
Druggist .....
Address .....

RIASOL FOR PSORIASIS

XUM

1. No physician, medical group, or institution should accept a "conditional gift, expressed or implied."

2. Hospital purchasing departments should be "instructed to rotate orders among the recognized competitors."

Such a policy, the journal adds, would not preclude "a continuation of the present friendly practices of ethical commercial houses in their open and aboveboard attempts to win the good will of doctors."

Doctors Clarify Stand On Releasing News

Some gentlemen of the press may soon stop deploring "uncooperative" doctors, thanks to a recent A.M.A. clarification of one section of medicine's Principles of Medical Ethics. The revision is the fruit of many months of work by the A.M.A. Council on Constitution and Bylaws, headed by Dr. Louis A. Buie.

From now on, individual physicians may ethically provide newsmen with information and pictures concerning health matters that have been discussed at medical meetings or in journals. In addition, doctors may disclose a patient's condition, if the patient agrees.

Before giving out any information, the doctor "should seek the guidance of appropriate officials," says the revised passage of the Principles; but such action apparently isn't mandatory.

Another liberalizing recommendation from Dr. Buie's Council: Medical societies should list spokesmen who are "empowered to give prompt and authoritative replies" to news queries.



MINIMUM OF CONTROL by the Government is Nelson A. Rockefeller's promise to states getting Federal Health aid.

Continued Federal Aid To Health Pledged

The Administration evidently intends to maintain Federal subsidies to state health activities. Its official position, as set forth by Nelson A. Rockefeller, Under Secretary of Health, Education, and Welfare: "In those states where the income is lowest, many of the needs for



Immune Serum
(*Human*)

Goes to work immediately to prevent mumps and to aid in preventing mumps complications

Administered within first 7 days exposure, serum confers passive immunity for approximately 10 to 14 days. In treatment there is some evidence that the serum prevents serious complications if administered early and in adequate amount. (J.A.M.A. *149*:1360, Aug. 2, 1952.)

Available 20 cc. irradiated, dried serum with suitable diluent for restoration.

Hyland

HYLAND LABORATORIES
4501 Colorado Blvd., Los Angeles 39, Calif.
248 South Broadway, Yonkers 5, New York

health services are greatest. Here the nation as a whole has responsibilities."

But while stating "categorically" that grants will continue, he adds that the philosophy behind them calls for "maximum opportunity for state decision and minimum Federal control." And the consensus in Washington holds that whatever the philosophy, the grants will be kept modest—in the name of economy.

Warns of Racketeering In Home Improvements

Report charges that banks and Government are lax

Planning to repair or improve your home? Then make sure you don't fall prey to swindlers. According to Consumer Reports, racketeers are finding the home-improvement field increasingly fertile. There are apparently two reasons for this:

1. It's big business. "About $1.5 billion [in Government-insured] loans are now outstanding."

2. Neither the Federal Housing Administration nor the banks take adequate precautions before approving loans.

In amplifying this second point, Consumer Reports notes that the F.H.A. doesn't investigate; it merely relies on the bank's "policy of prudent lending." For its part, the average bank is generally satisfied as long as the contractor hasn't previously run into any trouble with the F.H.A.

[MORE→

Since "laxness up and down the line" makes it simple to mulct the public, improvements are being sold "at exorbitant prices . . . anything from 100 per cent to 1,000 per cent above an honest price." And it's obviously "almost impossible for a layman to judge the fairness of the price proposed."

The racketeering home-improvement salesman is known as a "dynamiter," the report explains, "because he can generate a sales pressure that blasts a customer into signing a purchase contract." Among the tricks he uses:

¶ He prefers to sell in your living room; and, once there, he's hard to evict. "He just wears you down."

¶ He uses fear as a weapon. If, say, he wants to sell you a new furnace, he warns you that "your furnace is sending poison gas through the house."

¶ He makes extravagant promises. For example, he may give you a lifetime guarantee, "so worded that [it's] useless."

Your Conscience Clear?

"To acquaint the public with the fact" that most doctors are honest, Dr. W. B. Harms proposes the formation of a new society to be known as Physicians With Crystal Clear Consciences. It would be a society without meetings or dues, writes Dr. Harms in the Detroit Medical News. To be eligible to join

Now for the first time

Tolyphy Chimedic

safe effective relaxation

of skeletal muscle spasm without loss of normal muscle tone or function.

Exerts the full spasmolytic action of Tolyspaz (Chimedic brand of mephenesin) plus the beneficial effects of physostigmine and atropine on the neuromuscular system.

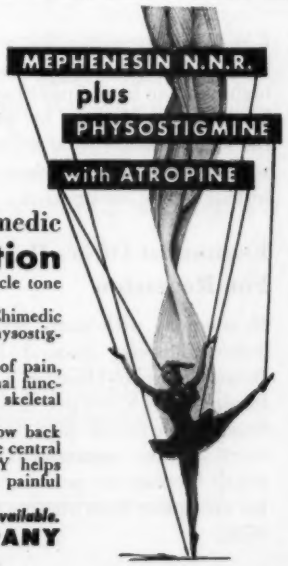
TOLYPHY is specifically designed for the relief of pain, for increased range of motion and restoration of normal function in a wide variety of conditions complicated by skeletal muscle spasm or neuromuscular hyperirritability:

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Literature and samples of TOLYSPAZ and TOLYPHY available.

CHICAGO PHARMACAL COMPANY

5547 N. Ravenswood Ave., Chicago 40, Ill.





DON'T SPECIALIZE, Paul Williamson tells young men who are about to enter medical practice.

P.W.C.C.C., he adds, a doctor would have to "be able to go to sleep at night without fear of punishment by his God, his country, his patients, the ethics committee of his medical society, or any auditors that may be lurking in the background."

Economist Offers Rx For Recession

In company with many other economists, former Federal Reserve Board Chairman Marriner S. Eccles thinks there's a simple economic tonic to cure one ill—high taxes—and avert another—recession. The proposal: Increase the personal income tax exemption from $600 to $700 or $750.

By doing this, says Eccles, the Government would reduce taxes at the level "where the money will be spent." The purchasing power thus created, he adds, would serve as a booster shot in case business started to sag.

Neophytes Told to Aim For General Practice

Would you advise today's medical students to make specialization their goal? If you would, Dr. Paul Williamson disagrees with you. "The greatest opportunity for any young man entering medicine is . . . to become a family doctor," he has told members of the Illinois Academy of General Practice.

Dr. Williamson, who calls himself "essentially just a family doctor," established and, until recently, directed the General Practice Office of the University of Tennessee. Now in practice in Walsh, Colo., he says he finds that the G.P. is the anchor man of four vital medical programs:

¶ *Minor psychiatry.* There's no need, he insists, for great numbers of patients to go beyond their family doctors for psychiatric care.

¶ *Cancer detection.* One of the finest detection centers is the G.P.'s office; in fact, Williamson believes that anti-cancer programs would be impossible if family doctors didn't keep their eyes open for signs of the disease.

¶ *Preventive medicine.* The doctor best equipped in this field is ob-

XUM



For prompt and complete remission in diarrhea . . .

Streptomagma®

Dihydrostreptomycin Sulfate and Pectin with Kaolin in Alumina Gel

● STREPTOMAGMA combines *Dihydrostreptomycin*, for its potent bacteriostatic action, particularly against diarrhea-causing coliform organisms; *Pectin*, for its demulcent and hydrophilic effect; *Kaolin*, for its tremendous adsorptive power; and *Alumina Gel* . . . itself a potent adsorptive . . . soothing, protective suspending agent.



Dosage: Children, 1-2 teaspoonfuls t.i.d.
Adults, 4 teaspoonfuls t.i.d.

Supplied: Bottles of 3 fluidounces.

Wyeth®
Philadelphia 2, Pa.

XUM

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DANDRUFF

ITCHY, IRRITATED SCALP CONDITIONS RECOMMEND

HERBEX
PINK OINTMENT

ACTIVE INGREDIENTS:
THYMOL, SALICYLIC ACID, SULPHUR, GLYCERINE,
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NO PRESCRIPTION REQUIRED

Sample on Request

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STAMFORD, CONNECTICUT
ESTABLISHED 1880

Monroe FOLDING BANQUET TABLES



If you are on the board of your school or church, or on the house or purchasing committee of your club or lodge, you will be interested in this modern, Folding Pedestal Banquet Table.
Write for Catalog and special discounts to institutions and organizations.

THE MONROE COMPANY 227 CHURCH STREET COLFAX, IOWA

GARDNER'S
HYODIN

For INTERNAL IODINE THERAPY
Colorless — Effective — Palatable
Since 1878 we have specialized in making Hyodin the finest preparation for internal iodine medication.
Dosage—1 to 3 tsp. in ½ glass water—½ hour before meals. Available—4 and 8 oz. bottles. Samples and literature on request.
Firm of **R. W. GARDNER** Orange, N.J.
Est. 1878

viously the general practitioner, says Dr. Williamson.

¶ *Integrated medicine.* The greater the trend toward specialization, he points out, the greater the need for the G.P. to coordinate all efforts.

Unread Journals

There are far "too many medical journals" for any doctor to read, said Dr. Henry A. Davidson in a recent issue of MEDICAL ECONOMICS. While granting this fact, the Arizona Medical Association disagrees with the author's conclusion—that some journals should merge and others quietly fade away.

The truth, editorializes Arizona Medicine, the association journal, is that even *unread* articles are valuable to certain doctors: "the authors." Since considerable study goes into the writing of the average clinical paper, Arizona Medicine points out that there are few better ways for physicians to improve their medical knowledge than through writing and publishing such material.

Says Public Clings to Its Quaint Health Notions

The average layman is becoming better informed about medicine, but he still needs sound medical guidance. So says Professor H. F. Kilander of New York University's School of Education, after a twenty-year study of the health notions held by thousands of people. Among his findings:

XUM

Turn your back on winter... enjoy a glorious

TWA Quickie Vacation

in the **SUN** COUNTRY



THIS winter why not practice what you so often preach to your patients? Enjoy a change from dreary winter weather ...get away for a few days' rest to where the sun shines warm and bright, and the air is clear and dry. Take a glorious TWA Quickie Vacation to Phoenix, Las Vegas, Southern California, or any of the other famous midwinter resorts in the Sun Country.

You're only hours away when you go by 300-mph TWA Skyliner. In as short a time as a long weekend you can enjoy *days* of fun under the sun... with accommodations, scenery and sports to suit any taste. And TWA's Family Half-Fare Plan offers *big savings* when you take your wife and children along. For information, see your travel agent.

For more time to play... **FLY TWA**

TRANS WORLD AIRLINES

U.S.A. • EUROPE • AFRICA • ASIA

¶ One person in four believes that if a pregnant woman is frightened, her baby will be disfigured.

¶ One *college student* in three thinks there's some truth in the theory that "a prospective mother can make her child more musical if she listens to good music."

¶ A quarter of the public believes that fish actually is a brain food.

¶ About one person in two maintains that water is fattening and that communicable disease can be inherited.

Incidentally, Professor Kilander passes along this extra bit of information: At some levels, as many as two persons in five consider chiropractors at least the equals of M.D.s.

Atomic Program Beckons To Medical Men

The rapidly expanding atomic energy program is opening up new opportunities for doctors. Most recent developments:

1. The Atomic Energy Commission has awarded thirty-two contracts for medical research to six medical schools and a number of hospitals. While only four of the grants are brand new, many of the others have been considerably increased.

2. Pointing to "a critical need for qualified industrial physicians" in the atomic field, the commission has offered eight one-year fellowships in industrial medicine for the coming school year. Each pays $3,600 plus $350 for each dependent. The A.E.C. says it's likely that fellows who successfully complete their academic studies will be offered a further year of training at atomic installations (with their pay hiked to $6,000). Finally, these men will probably be offered regular medical posts in the atomic program.

Dependent-Care Problem Coming to a Head

Government and A.M.A. differ on service doctors' role

Medicine and the Eisenhower Administration have so far managed to settle their differences without rancor; but they're soon to be put to the test again. The issue this time: care of soldiers' dependents.

After a three-month study of the subject in 1953, a special Government commission recommended that, in the interest of "sound personnel policy," the armed forces should continue to utilize medical officers to provide care for soldiers' wives and children who live near military hospitals. For dependents unable to reach such installations, the commission recommended private care (to be paid for, in large measure, by the Government).

This last recommendation, of course, can't be implemented without Congressional sanction. As of a month ago, no legislative action had been taken; but Secretary of Defense Charles E. Wilson had indi-

5 NEW SOLUTIONS

offer maximum electrolyte selectivity with twice the caloric benefits of 5% Dextrose

Supplementing the clinically-proven advantages of

Travert® 10%

- twice as many calories as 5% dextrose, in equal infusion time, with no increase in fluid volume
- a greater protein-sparing action as compared to dextrose
- maintenance of hepatic function

these 5 new parenteral solutions★ now offer the physician a choice of...



ELECTROLYTE SOLUTIONS

	SOLUTION	mEq per 1000 cc.								Carbohydrate	Route of Admin.
		Na	K	Ca	Cl	Lactate	NH_4	Mg	HPO_4		
★	Modified Duodenal Solution	80.0	36.0	4.6	63.0	60.0	—	2.8	—	—	Any
★	Travert 10%-Electrolyte No. 1	80.0	36.0	4.6	63.0	60.0	—	2.8	—	Travert 10%	Any
★	Travert 10%-Electrolyte No. 2	57.0	25.0	—	50.0	25.0	—	6.0	12.5	Travert 10%	Any
	Ammonium Chloride 2.14%	63.0	17.5	—	150.5	—	70.0	—	—	Travert 10%	Any
	Darrow's	121.0	35.0	—	103.0	53.0	—	—	—	—	IV
	M/6 Sodium r-Lactate	167.0	—	—	—	167.0	—	—	—	—	Any
★	Travert 10%-Potassium Chloride 0.3% in Water	—	40.0	—	40.0	—	—	—	—	—	Any
★	Travert 10%-Potassium Chloride 0.3% in 0.45% NaCl	77.0	40.0	—	117.0	—	—	—	—	Travert 10%	Any
										Travert 10%	Any

$$\frac{\text{Milligram/100 cc. x valence x 10}}{\text{atomic weight}} = \text{milliequivalent/liter}$$

Wallet cards available on request

products of

BAXTER LABORATORIES, INC.

Morton Grove, Illinois • Cleveland, Mississippi

DISTRIBUTED AND AVAILABLE ONLY IN THE 37 STATES EAST OF THE ROCKIES (except in the city of El Paso, Texas) THROUGH

AMERICAN HOSPITAL SUPPLY CORPORATION

GENERAL OFFICES • EVANSTON, ILLINOIS

cated that his department stands behind the broad outline of the commission's proposals.

Speaking for doctors, on the other hand, A.M.A. President Edward J. McCormick has made it clear that medicine strongly opposes the plan. In a recent address, Dr. McCormick lashed out in particular against continued reliance on service doctors to handle the bulk of the dependent-care load. Said he:

"It has always been our [the A.M.A.'s] belief that civilian facilities, if available and adequate, should be utilized first and that the use of military facilities should be restricted to emergency situations and remote areas. This philosophy would be completely reversed if the recommendations of the . . . commission are accepted."

There are indications, however, that the A.M.A. and the Administration may agree on a compromise solution. One possibility: Government-paid Blue Cross and Blue Shield policies for soldiers' families.

'Latin's Dead, So Let's Bury It,' Says M.D.

A bold Chicago doctor has taken careful aim at a sacred cow of premedical education—the study of Latin. Writes Frederic T. Jung in the Illinois Medical Journal: "The modern physician is expected to know so much about so many kinds of technical matters that to ask him to

CHOLAGOGUE Plus +

CHOLOGESTIN is more than an ordinary cholagogue. It contains *salicylated bile salts* for maximum stimulation of the flow and secretion of natural bile. Quick results in cases of cholecystitis, non-obstructive jaundice, intestinal indigestion and habitual constipation.

DOSE: 1 tablespoonful CHOLOGESTIN in cold water p.c.

3 TABLOGESTIN tablets with water are equal to 1 tablespoonful of CHOLOGESTIN.

CHOLOGESTIN • TABLOGESTIN

F. H. STRONG COMPANY ME 1
112 W. 42nd St., New York 36, N. Y.

Please send me free sample of TABLOGESTIN together with literature on CHOLOGESTIN.

Dr.
Street
City Zone State

clutter his mind with the interminable details of foreign genders, declensions, and conjugations is ridiculous if not criminal."

But what of the old argument that "translating Caesar" will improve a student's "mental discipline"? Nonsense, says Dr. Jung: That's "like warming up for a trip from Chicago to New York by making a preliminary trip to San Francisco."

Constitutional Lawyers Oppose Bricker Plan

There may soon be a Congressional decision on a measure backed by many doctors, lawyers, and other professional men—the so-called Bricker amendment to limit the treaty-making power of the President. But the pro-amendment sentiment is by no means unanimous. As the showdown approached last month, a number of constitutional lawyers joined with civic leaders and businessmen to oppose Senator John W. Bricker's plan to set up safeguards to keep international agreements from upsetting domestic law.

Their organization—the Committee for Defense of the Constitution by Preserving the Treaty Power—contends that the Bricker plan would hobble U.S. treaty-writing mechanism by making it "the most cumbersome in the world." Leaders of the thirty-five-member committee include General Lucius D. Clay, former American commander in Germany, and John W. Davis, one time Democratic nominee for President.



SEVERE CASE OF ECZEMA BEFORE SUPERTAH TREATMENT

ECZEMA

Coal Tar Therapy without its many disadvantages

All the therapeutic advantages of coal tar for eczema and similar dermatoses are retained in SUPERTAH (Nason's) without black coal tar's odor and repulsive appearance.

SUPERTAH (Nason's), a white creamy ointment of crude coal tar, has these advantages:

Does not burn or irritate the skin*.
Does not stain linen, clothing or skin.
Does not have to be removed before each fresh application.
DOES everything crude coal tar ointment will do.

*Swartz & Reilly, "Diagnosis and Treatment of Skin Diseases," page 66

TAILBY-NASON COMPANY
Kendall Sq. Station, Boston 42, Mass.

SUPERTAH (NASON'S)

At leading prescription druggists
2-oz. jars. (5% & 10% strength)



ABOVE CASE AFTER 3 WEEKS TREATMENT USING SUPERTAH (NASON'S) OINTMENT

WHO *is Government*

Just as the World Health Organization of the UN represents *the governments* of its member countries, so the World Medical Association represents *your* interests on an international scale.

WMA *is you*

THE WORLD MEDICAL ASSOCIATION

is your voice in medical affairs
the world over

WMA is the only organization of national medical associations that represents you and other practising physicians here and abroad.

WMA speaks for you wherever discussion and decisions take place on such vital issues as socialized medicine . . . the development of an international code of medical ethics . . . hospital standards . . . advancement of medical education . . . the effect of social security on medical practice . . . and other key questions that affect the future of every practising physician.

JOIN NOW . . . with 700,000 doctors from 43 nations . . . in a world-wide movement to help promote better medical practise everywhere.

what affects world medicine . . . affects you
this is your only voice in world medicine

W.M.A. Is Approved by the American Medical Association

Dr. Louis H. Bauer, Secretary-Treasurer
U.S. Committee, Inc., World Medical Association
2 East 103rd Street, New York 29, New York

I desire to become an individual member of the World Medical Association, United States Committee, Inc., and enclose a check for $..... my subscription as a:

..... Member . $ 10.00 a year
..... Life Member . $500 (No further assessments)
..... Sponsoring Member . $100.00 or more per year

SIGNATURE _____

ADDRESS _____

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this is your only voice in world medicine.

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*In specified territories.

XUM

Memo

FROM THE PUBLISHER

Full-Color Harmony

This month I want to talk about our advertising pages.

Though you may not always have been quite so aware of it as we, tremendous improvement has taken place in these pages over the years—particularly since World War II. For one thing, there has been an increase in the use of color to supplement the basic black-on-white pattern; and, too, increasing effort has gone into such matters as design and illustration.

But no matter how attractive an advertisement may appear, it won't be of much interest to you unless it conveys useful information about new drugs, equipment, and services vital to your practice. And, judging by what doctors tell us, our advertisers are doing a fine job of meeting this need.

I've been prompted to these random thoughts by an advertisement that made its bow in MEDICAL ECONOMICS last month (it appears in this issue, too—on pages 48 and 49). It represents quite a milestone for us here, since it's the first advertisement to run in our regular pages *in full color*. Until 1954, the only full-color work to appear anywhere in the magazine was to be found in [illegible] printed inserts supplied by certain advertisers.

Perhaps it's still too early for optimistic predictions. But I'm hopeful, at least, that this latest development may indicate a significant trend—a trend that will make MEDICAL ECONOMICS even more helpful to its readers.

Certainly, the potential value of full-color advertising is enormous. Only through proper blending of four printing inks (yellow, magenta, blue, and black) can objects be reproduced as our eyes see them. By comparison, two-color printing can do little more than bid for the reader's attention.

Of course, mere attractiveness can never do away with the need for good, informative copy. There's a chance that some advertisers may be tempted to use the four-color process for its attention-getting value alone; but if past experience is a criterion, such cases will be rare exceptions. I'm certain that most advertisers will use this new medium solely to describe their products *more effectively*.

So much for the future. For the present, let's just say that we're all glad that full-color advertising has made its debut in MEDICAL ECONOMICS, and that early reports indicate it's here to stay. As publisher, I look forward to its increasing use in the interests of improved communication of product information.

—LANSING CHAPMAN



PHOTOGRAPH BY CHARLES KERLEE

He'll skip dessert and <u>like</u> it, too—with

ALTEPOSE®

Most overweight patients need your help to pass up such rich foods—and still be content.

ALTEPOSE provides *triple* action in obesity—curbs the appetite, controls nervous tension, helps convert excess fat into energy.

Quick Information: A practical adjunct to low calorie diets, each ALTEPOSE tablet provides 50 mg. 'Propadrine,' 40 mg. thyroid and 25 mg. Delvinal®. The usual dose is one tablet taken two or three times a day, one-half to one hour before meals.

XUM

Ivory Soap *announces* a new edition of

"Bathing Baby"

— a guide for new mothers

Available to you free . . . for distribution to your patients



28 pages . . . handy size, 6" x 9".

Fully illustrated—photographs, diagrams!

Complete instructions for bathing baby!

Weight chart! Special pages for birth record, snapshots! Instructions for baby's laundry.

IVORY's famous booklet on "Bathing Baby" is now better than ever. It's out in a brand-new edition with many illustrations . . . an attractive new format . . . larger and easier-to-read type.

As in previous editions, the instructions in "Bathing Baby" are based on the latest medical knowledge and follow the most modern methods professionally recommended throughout America.

With this booklet you can save discussion time and simultaneously provide proper instructions in permanent form: simply hand a copy of "Bathing Baby" to each mother who requires guidance on this phase of infant care. Ivory Soap will be happy to send you—free—a quantity of "Bathing Baby" booklets.



NO COST OR OBLIGATION

Just write "Bathing Baby" booklets and the number of copies you want on your prescription blank, and mail to

IVORY SOAP, Dept. 2, Box 687, Cincinnati 1, Ohio.

99 44/100 % Pure · It Floats